



The Orange Door

Service model

Version 2 December 2019

The Orange Door

Service model

Aboriginal acknowledgement

The Victorian Government proudly acknowledges Victorian Aboriginal people as the First Peoples and Traditional Owners and custodians of the land and water on which we rely. We acknowledge and respect that Aboriginal communities are steeped in traditions and customs built on an incredibly disciplined social and cultural order. This social and cultural order has sustained up to 50,000 years of existence. We acknowledge the ongoing leadership role of the Aboriginal community in addressing and preventing family violence and join with our First Peoples to eliminate family violence from all communities.

The Orange Door

The public branding of the Support and Safety Hubs is The Orange Door. 'The Orange Door' and 'Support and Safety Hub' terms are used interchangeably across policy and communication materials.

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

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Available at [Family Safety Victoria](https://www.vic.gov.au/orange-door-resources) <<https://www.vic.gov.au/orange-door-resources>>

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Introduction

The Victorian Government has committed to implementing all 227 recommendations of the Royal Commission into Family Violence and to delivering on the vision described in Roadmap for Reform: Strong Families, Safe Children.

A key recommendation of the Royal Commission and the Roadmap for Reform was to establish a network of Support and Safety Hubs ('Hubs') across Victoria to provide a new way for women, children and young people experiencing family violence, and families who need assistance with the care and wellbeing of children to access the services they need to be safe and supported. These Hubs are known as The Orange Door.

The Orange Door is also intended to hold perpetrators to account by planning interventions to address the risk they pose and challenging their controlling, violent and abusive behaviour.

The Orange Door keeps the whole family in view and provides a more visible contact point to access family violence services, family services and perpetrators/men's services, with expert support tailored to each family member's needs.

The Royal Commission into Family Violence and the Roadmap for Reform recommended the establishment of Support and Safety Hubs because:

- people often didn't know where to go for help
- service responses can be fragmented and uncoordinated, with people having to repeatedly tell their story
- children and families were not always getting the right support at the right time – services were overwhelmed, and family violence is a major driver of child vulnerability
- efforts across the service system to hold perpetrators to account and keep them in view were insufficient, leaving victim survivors with the burden of managing risk
- there was too little effort in preventing harm and intervening at the earliest possible opportunity
- practitioners undertaking risk assessments were not supported by the best available information or tools to adequately address the diversity of people's experiences of family violence and children's wellbeing
- the type of response people received was often dependent on their point of entry to the service system and the capacity of that entry point to respond effectively.

About this document

The Orange Door service model builds on the vision and aspirations articulated in The Support and Safety Hubs Statewide Concept released in July 2017.

It provides further refinement of the scope and functionality outlined in the Statewide Concept. It details the baseline requirements, processes and operational specifications for the foundational model.

This version of the document (version 2) was updated to reflect:

- branding of Hubs as The Orange Door
- changes to information sharing legislation
- implementation of the Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework.

Future developments in the service model will continue to be set at the statewide level, informed by local practice and experience.

The service model describes the processes and functions of The Orange Door in stages – from access and assessment, to response and review. The experiences of family violence or child and family vulnerability are not linear, and risk is dynamic. The Orange Door functions are part of an ongoing and dynamic process of engagement, assessment, planning, response and review. People connect with or leave The Orange Door at different points.

Purpose

This document provides a detailed description of the 'end-to-end' service model of The Orange Door. It is not intended to provide the specific processes and procedures applied by workers in the day-to-day operations or the cultural and practice elements that develop the integration and collaboration changes that are core to The Orange Door operation. This document is supported by The Orange Door service specifications, partnership agreements, an interim integrated practice framework, interim operational procedural guidelines, perpetrator practice guidance, interim operational guidance on service interfaces described below and in future, by a performance monitoring framework.

Service specifications: These outline the requirements that the service providers must conform to in delivering the statewide service model for The Orange Door. It includes the operating context, key objectives and deliverables, minimum expectations, quality requirements and critical data collection and performance frameworks to which service providers must comply. The service specifications underpin the service agreements, which form the legally binding document that holds service providers accountable.

Partnership agreement: A partnership agreement within The Orange Door in each area, involving government and the organisations within The Orange Door, provides the foundation for collective leadership of The Orange Door. This creates a legal mechanism across the organisations and key government agencies within The Orange Door to embed collective leadership, set down a shared vision, goals and actions, support integration of services, formalise governance mechanisms and create a process for dispute resolution.

Interim integrated practice framework: The interim integrated practice framework focuses on the coordinated delivery of The Orange Door functions and aims to establish consistent, strong, integrated and collaborative practice across each of The Orange Door areas. It provides the foundation to create a common language, shared understanding and consistent approach to practice within The Orange Door. It ensures that the practitioners at The Orange Door work well together, know what they are required to do and understand the intended outcome of their practice.

Perpetrator practice guidance: The perpetrator practice guidance outlines how The Orange Door will manage perpetrators of family violence, and in doing so, keep them accountable and in view. The guidance identifies a range of practice approaches, system and organisational mechanisms to ensure perpetrator accountability is embedded within The Orange Door operations. MARAM Framework perpetrator focused tools and practice guidance will also be made available.

Interim Operational Guidance on Service Interfaces: Interim operational guidance on service interfaces outline a consistent approach to the coordination of service interfaces between The Orange Door and key statewide service providers. Recognising the breadth of service interfaces that will contribute to the effective delivery of The Orange Door, Family Safety Victoria is taking a phased approach to developing this statewide guidance. Operational guidance between The Orange Door and the following government agencies and community service organisations have been published at: <https://www.vic.gov.au/orange-door-practitioner-resources>

- Magistrate’s Court to Victorian Government
- Community Operations and Victims Support Agency
- Child protection and integrated family services
- Men’s referral service
- Risk Assessment and Management Panels (RAMPs)
- Victoria Police.

The interface between safe steps, as the 24-hour crisis response service and gateway to refuge, and The Orange Door is guided by interim protocols which are being tested and refined with a view to providing clear and seamless pathways for victim survivors as they move through the system.

MARAM Framework and practice guidance

Organisations prescribed by Part 11 of the Family Violence Protection Act 2008, are required to align their policies, procedures, practice guidance and tools to the MARAM Framework. The Orange Door was prescribed along with a range of other organisations on 27 September 2018, with additional organisations gradually being prescribed in a phased approach. For The Orange Door, alignment to the MARAM Framework, includes the use of the family violence risk assessment tools and practice guides. The Tools for Risk Assessment and Management (TRAM) is an online platform that hosts the suite of MARAM assessment tools and is accessed by The Orange Door through the CRM. The [practice guides](#) include a *Foundation Knowledge Practice Guide* (to be used by all professionals regardless of their role in relation to family violence) and *Responsibilities for Practice Guide*, which spans the 10 MARAM Framework responsibilities for risk assessment and management.

The Orange Door evaluation

FSV is committed to the continuous improvement of The Orange Door. Evaluation of The Orange Door forms part of this commitment, and the findings and recommendations from evaluations of The Orange Door are informing current implementation, and will inform future implementation.

An initial evaluation in 2018 of The Orange Door in the first four areas (Barwon, Bayside Peninsula, Mallee and North East Melbourne) has focused on the establishment, operations and initial service offering of The Orange Door.

Further evaluations of The Orange Door are anticipated to cover:

- consideration of client experience and client impact associated with accessing The Orange Door evaluation of the service model/service offering
- assessment of client and system outcomes.

Future evaluations will consider The Orange Door established in areas in 2018 and The Orange Door to be established in areas between 2019-22.

Putting people at the centre

The voices of people with lived experience, have been a critical input into the design and implementation of The Orange Door. The experiences of people who have accessed the service system are an important source of information and knowledge for the ongoing development of The Orange Door.

FSV continues to implement processes to support the input of the client voice into ongoing operations.

The Client Voice Data Collection and Response Process:

- measures the experience of clients of The Orange Door
- measures the satisfaction of clients of The Orange Door (a reporting measure)
- embeds the voice of clients and a focus on client experience in the everyday work and ongoing development of The Orange Door
- provides information to support the MARAM Framework's aims of embedding responsibility within services for respectful, sensitive and safe client engagement.

The Client Voice Process was co-produced with people with lived experience and practitioners to ensure relevancy, safety and value for participants across the board. Clients will be offered a two-minute survey at the end of a contact as part of a time-limited quarterly data collection. Clients will be able to complete the survey verbally, at the end of a call, online, on paper or tablet in an area office.

Who we are working with to establish The Orange Door

In consultation with the community sector and agencies across government, FSV has worked with key partners to:

- develop The Orange Door service model and an interim integrated practice framework to ensure consistency across all The Orange Door and service delivery partners
- establish accountability mechanisms and systems for oversight and coordination of The Orange Door
- establish infrastructure including an effective client relationship management system.

This has included working with the:

- Family Violence Steering Committee
- Aboriginal Family Violence Co-design Forum
- Dhelk Dja Partnership Forum
- Victim Survivors' Advisory Council (VSAC)
- Statewide Reference Group for The Orange Door
- The Orange Door Working Group
- The Orange Door Steering Committee
- Diverse Communities and Intersectionality Working Group
- Existing key sector and cross-sector forums, including peak bodies for children and families, specialist family violence and men's family violence services.

Local engagement has focused on developing a deeper awareness of the local context and service provision in the area to assist in forming a shared understanding of local conditions and a solid foundation for working in partnership. This engagement has included conversations with:

- Hub Leadership Groups
- Operational Leadership Groups
- Aboriginal Advisory Groups
- Local Hub Establishment Forum participants Local communities
- Aboriginal services and organisations
- Community service organisations
- Existing regional committees and alliances.

Terminology

All forms of family violence

The Orange Door applies the broad definition of family violence in the *Family Violence Protection Act 2008* (Vic). Family violence includes physical, sexual, emotional, psychological and economic abuse, as well as coercion and control or domination that causes the family member to feel fear for the safety or wellbeing of themselves or another person, and the exposure of these behaviours, or the effects of them, to a child.

The Orange Door also recognises the many relationships in which family violence can occur. These include between spouses or domestic partners and in other intimate personal relationships such as parent–child, child–parent, with elders, siblings and other relatives, and between extended families, kinship networks and in family-like or carer relationships.

The MARAM Framework requires an intersectional lens to family violence risk assessment and management of adult and child victim survivors. The MARAM Framework provides guidance on the range of experiences across the spectrum of seriousness of risk, including for Aboriginal and diverse communities, children, young people and older people, across identities and family and relationship types.

The gendered nature of family violence

The use of gendered language is deliberate. It recognises that most victims of family violence are women, most perpetrators are men, and that violence perpetrated by a man is the most prevalent form of family violence. It recognises that the causes of family violence are complex and include gender inequality and community attitudes towards the roles of women and men in society.

Throughout this document, references are made to ‘women, children and young people’ in relation to people who are victim-survivors of, or at risk of, family violence, and to ‘men’ in relation to people perpetrating violence.

The Orange Door recognises that a gendered understanding of family violence is critical to providing effective services and systems. The Orange Door, and this document, also recognises that victims are not always women or children, that perpetrators are not always men, and that family violence occurs in relationships other than male–female intimate partner relationships. Victims of these forms of family violence face additional barriers to getting help because these other forms of violence are often not recognised or understood. A design principle for The Orange Door specifically emphasises that The Orange Door responds to, and links effectively with, services that respond to family violence in all its forms.

References in this document to support for women, children and young people experiencing or at risk of family violence should be understood (unless otherwise specified) to relate also to victims of all forms of family violence. For clarity, specific issues relating to family violence that do not occur in a male–female intimate partner relationship are noted throughout the document.

The Orange Door is for families in need of support

The Orange Door is central to Victoria’s approach to addressing both family violence and child vulnerability (which may or may not be related to family violence) and forms a critical part of the broader service system response. The Orange Door recognises that family violence and child vulnerability are major social challenges for Victoria and core priorities for The Orange Door.

Vulnerable children, young people and families are likely to be characterised by:

- multiple risk factors and long-term chronic needs, meaning that children are at high risk of developmental deficits
- children, young people and families who are at high risk of long-term involvement in specialist secondary services
- cycles of disadvantage and poverty resulting in chronic neglect and cumulative harm
- single/definable risk factors that need an individualised, specialised response to ameliorate their circumstances
- single/definable risk factors that may need specialised short-term or episodic assistance to prevent or minimise the escalation of risk.

Throughout this document, reference is made to 'women, children and young people experiencing family violence, and families in need of support with the care, wellbeing and development of children and young people'. In these references, the ordering of different cohorts of people is for simplicity and convenience in a written document only and does not imply a priority or emphasis on either group.

Perpetrator

This is the term used in state and national policy to describe people who use violence. The aim in using this term is to ensure safety and accountability and to end the individual's use of violence. This term is not limited to people who have been accused or convicted of criminal offences. This term is not meant to define the perpetrator for life; the aim is to end the individual's use of violence.

Aboriginal

The term 'Aboriginal' is inclusive of all Aboriginal and Torres Strait Islander people living in Victoria.

CALD

Culturally and linguistically diverse or 'CALD' is used to reflect the fact that the Victorian population is ethnically diverse. The Victorian Government is committed to delivering services that meet the needs of people from multicultural communities, including people with refugee or asylum-seeking backgrounds.

About The Orange Door

The Royal Commission into Family Violence and Roadmap for Reform: Strong Families, Safe Children recommended the establishment of The Orange Door because:

- people often didn't know where to go for help and feel that they're bounced around the service system
- service responses were fragmented and uncoordinated, with people having to repeatedly tell their story
- children and families were not always getting the right support at the right time – services were overwhelmed and family violence was a major driver of child vulnerability
- efforts across the service system to hold perpetrators to account and keep them in view were insufficient, leaving victim-survivors with the burden of managing risk
- there was too little effort in preventing harm and intervening at the earliest possible opportunity
- practitioners undertaking risk assessments were not supported by the best available information or tools to adequately address the diversity of people's experience of family violence and children's wellbeing
- the type of response people received was often dependent on their point of entry to the service system and the capacity of that entry point to respond effectively.

The Orange Door delivers a fundamental change to the way we work with women, children and families and men by providing:

- a more visible contact point so that people know where to go for support
- help for people to identify family violence and child and family safety and wellbeing issues
- advice based on the latest risk assessment tools and best available information
- specialist support and tailored advice for victims, families and children, and perpetrators
- a strong focus on perpetrator accountability
- an approach across the spectrum of prevention, early intervention and response
- connection and coordination of access to support
- a system-wide view of service capacity, client experience and outcomes.

The Orange Door supports the agency of women, children and families to ensure that the services they receive meet their needs and goals.

Governance

As articulated in the statewide concept, effectively establishing and operating The Orange Door requires a combination of specialist service delivery expertise from different workforces (maintained by discrete service sectors) and the capability for system planning, management and oversight (a core role of government).

FSV has established and is overseeing The Orange Door to ensure strong statewide fidelity and quality in the model, support the development of consistent integrated practice, and utilise government levers to ensure that The Orange Door and community, social, health and justice services work together effectively.

The governance model is supported by:

- a partnership agreement between FSV and the organisations that come together to form The Orange Door in each area
- changes to service agreements between CSOs and DHHS.

These arrangements, and who takes the lead for what aspects of the work, may evolve over time, taking into account emerging capabilities, evaluation and effectiveness.

This governance approach gives all parts of the system:

- a shared stake in the success of The Orange Door and service system
- responsibility for its establishment and implementation
- opportunities for collaborative reflection and further refinement as outcomes emerge.

Family Safety Victoria

FSV was established in July 2017 and is Australia's first government agency dedicated to preventing family violence. FSV is delivering key initiatives to help protect, support and identify risk for those affected by family violence and hold perpetrators to account. FSV is also coordinating access to services that support vulnerable children and families.

FSV is responsible for establishing The Orange Door, as well as:

- enhancing existing specialised services for victims of family violence (including children) so that the right assistance is available at the right time
- implementing the Family Violence Information Sharing (FVIS) Scheme and risk assessment and management framework, supported by a Central Information Point (CIP) connecting police, corrections, courts, Department of Health and Human Services (DHHS) and services to keep victims safe
- delivering Building from Strength: 10-year industry plan for family violence prevention and response and housing the Centre for Workforce Excellence to build workforce capacity and capability in partnership with the sector
- building an understanding to embed responsiveness to diverse communities across the family violence reforms
- leading engagement with the sector, victim-survivors, diverse communities and the Victorian community as a whole across all reforms and initiatives.

The Orange Door statewide reference group

The Orange Door Statewide Reference Group was established to provide advice to the Family Violence Steering Committee and FSV on the implementation, evaluation and future evolution of The Orange Door. It has a view of The Orange Door network as it grows, with a focus on the learnings from The Orange Door in the first five areas and how that will translate to future roll out. Its membership includes government and sector stakeholders and service users.

Hub Leadership Group

A Hub Leadership Group has been formed in each of the areas where The Orange Door operates to:

- provide strategic direction
- be accountable for integrated practice and service delivery
- oversee operations and performance of The Orange Door based on the statewide policy and design
- keep FSV and other stakeholders (as relevant) informed of issues and risks.

Each Leadership Group includes:

- senior executives from each Community Service Organisation (CSO) and Aboriginal services and organisations partnering within The Orange Door
- an FSV senior executive for the area
- senior government representatives from DHHS and Victoria Police
- the Hub manager.

The Hub Leadership Group is supported by Operational Leadership Groups who oversee and guide implementation and operational processes and service delivery.

Local Establishment Forums

Local Establishment Forums (LEFs) are held as The Orange Door is established in each area to bring together a broad group of local area stakeholders to cultivate an understanding of The Orange Door. Members include representatives from The Orange Door partner agencies as well as the wider service network.

Workforce

The Orange Door brings together different workforces and practices as a team to provide a consolidated intake point in each area to support:

- women, children, young people and families experiencing family violence
- perpetrators of family violence
- families in need of support with the care, development and wellbeing of children.

The Orange Door draws on the expertise of CSOs and brings together practitioners from organisations that previously:

- received police referrals for women and children who were victims of family violence
- received police referrals for perpetrators of family violence (known as 'enhanced intake services')
- provided the Child FIRST service
- deliver other relevant services as appropriate, such as those delivered by Aboriginal services.

The Orange Door is staffed by workers employed by FSV, CSOs, Aboriginal services and DHHS.

Each worker at The Orange Door continues to be employed and managed by their employing organisation, with terms and conditions of employment (such as salaries and working conditions) from the applicable registered agreement, award or legislation being protected.

The Orange Door team

The Orange Door team employed by CSOs assesses the risk and needs of women and children, families, and perpetrators. They draw on the expertise of different practitioners in a multidisciplinary team with specialists in family violence, child and family services and perpetrator/men's services.

Practice leadership

- **Integrated practice leader** – employed by CSOs to promote and support integrated clinical practice and decision making.
- **Advanced family violence practice leader** – employed by CSOs to support practice within The Orange Door and provide secondary consultation in relation to complex family violence cases.
- **Aboriginal practice leader** – employed by Aboriginal services to provide practice leadership and support The Orange Door team to ensure cultural safety and choice for Aboriginal people.
- **Senior child protection practitioner**¹ – employed by DHHS to provide expert advice regarding the safety and wellbeing of children, support referral and engagement of families with The Orange Door and services, and provide access to information about current or previous assessments and interventions by Child Protection.

¹ Previously known as a community-based child protection practitioner, as based with Child FIRST

- **Service system navigator** – employed by FSV to establish and maintain practice interface agreements with key services across the local service network and to resolve system access and navigation issues, including to strengthen access and responsiveness to diverse communities.

Operational leadership

The Hub Manager – employed by FSV to provide strategic and operational management and oversight for The Orange Door in their area including the primary premises. The Hub manager and locally-based support staff employed by FSV facilitate operations, partnerships and connection to government and the broader service system.

Team Leader(s) – employed by CSOs to provide operational management of The Orange Door team, including managing performance and workload and to provide oversight and guidance to team members.

Child Protection Team Manager – employed by DHHS to provide line management, supervision and support to senior child protection practitioners based at The Orange Door.

The Orange Door does not replace specialist services providing casework, support and accommodation; however, some practitioners from these and other services may choose to co-locate or meet with clients at The Orange Door. This may include specialist women’s family violence services, family services, perpetrator/men’s services, legal services, drug and alcohol services, mental health services, sexual assault services or other services.

Table 1: The Orange Door operational leadership

Role	Key responsibilities at The Orange Door
<p>The Hub Manager Employed by FSV, based within The Orange Door. Reporting to the Assistant Director, Hub Operations.</p>	<ul style="list-style-type: none"> • Drive strong/positive connections between The Orange Door and agencies within The Orange Door network and broader system interface • Strategic development of The Orange Door • Drive alignment to the MARAM Framework • Build local and system partnerships to facilitate consistent and collaborative practice • Participate on Hub Leadership Group • Strategic monitoring and management of performance and demand • Monitor and analyse client outcomes data, including client experience/satisfaction at the service level to inform continuous improvement • Identify and resolve systemic issues that may affect service delivery • Oversee the day to day supervision and performance of FSV staff within The Orange Door • Planning and coordination of day-to-day operations including oversight of facilities management, information technology, car parks, security, occupational safety, risk management, contract management and procurement • Complaints and critical incidents • Facilities budget and brokerage budget management • Liaise with DHHS regarding legislative and regulatory facility compliance • Develop and monitor The Orange Door systems and processes, including for staff induction, data collection, record keeping

Role	Key responsibilities at The Orange Door
	<ul style="list-style-type: none"> • Manage The Orange Door reception and administrative support staff and oversee external services collocating or using the facilities
<p>Operational Support Officer Employed by FSV and based within The Orange Door. Reporting to the Hub Manager.</p>	<ul style="list-style-type: none"> • Provide support to the Hub Manager • Responsible for the day to day supervision of the Administrative Officer • Maintain partnership and interface with DHHS Corporate Support at a local level. • Provide professional leadership and guidance to all staff as required • Support the Hub Manager and Practice Leaders to identify and resolve complex operational issues as they arise • Provide authoritative advice and prepare reports and briefings to senior management, the Hub Leadership and Operational Groups, and external stakeholders • Provide a point of liaison between CSO's and FSV/DHHS Human Resources, to support vacancy management and recruitment processes • Maintain financial systems, processes and compliance activities • Contribute to the day-to-day operations of The Orange Door, to include oversight of facilities management, information technology and fleet management
<p>Strategic Planning and Reporting Officer Employed by FSV, based within The Orange Door. Reporting to Hub Manager.</p>	<ul style="list-style-type: none"> • Provide direct support to the Hub Manager • Provide authoritative and strategic advice and prepare reports and briefings to the Hub Manager, Hub Leadership and Operations Groups • Monitor and evaluate the actions and impact of The Orange Door against the strategic goals and plans of FSV to include: <ul style="list-style-type: none"> • Client experience/outcome data • Monitoring and reporting on key performance indicators • Collate and maintain information from community service organisations to keep accurate and timely records of service capacity and availability • Identify systemic issues which may impact on service delivery and provide authoritative advice, recommendations and innovative solutions • Review, evaluate and recommend process and system improvements, including risk management procedures and critical incident reporting
<p>Hub Team Leader(s) Employed by a CSO and based with The Orange Door workforce, except in agreed circumstances. Reporting to the employing CSO.</p>	<p>Operational management of The Orange Door team including:</p> <ul style="list-style-type: none"> • developing staff rosters • monitoring The Orange Door team performance • assigning cases to The Orange Door team members • approving allocations to core services • providing leadership, guidance and oversight, including embedding the MARAM Framework in The Orange Door

Role	Key responsibilities at The Orange Door
	<ul style="list-style-type: none"> • identifying and mitigating issues that may adversely affect client outcomes • monitoring delivery of navigation support • aligning work with the interim integrated practice framework, interim operational and procedural guidelines, service model, service specifications and the MARAM Framework • clinical practice and support multi-disciplinary case management • practice supervision: <ul style="list-style-type: none"> – case supervision and support – clinical support and advice – monitor alignment with relevant practice standards and frameworks – identify capability gaps and provide access to professional development – support with tailoring approaches, critical reflection and reflective practice in working with clients from Aboriginal communities, diverse communities and at-risk age groups to enable an intersectional lens to risk assessment and management practice • management and support of staff employed by their CSO. <ul style="list-style-type: none"> – performance management – The Orange Door workload management – professional development and training related to The Orange Door operations.
<p>Child Protection Team Manager Employed by DHHS, based within The Orange Door. Reporting to the Deputy Area Operations Manager.</p>	<ul style="list-style-type: none"> • Provide leadership, supervision and clinical practice supervision to the Senior Child Protection Practitioners within The Orange Door • Participate in and represent Child Protection in appropriate levels of governance arrangements for The Orange Door • Support operational management of and work in partnership with The Orange Door and Integrated Family Services (IFS) and participate in triage of complex referrals to The Orange Door involving vulnerable children and families, promoting coordinated response and effective interventions • Be responsible for effective service delivery, including the interface between the Senior Child Protection Practitioners and The Orange Door, as well as with Integrated Family Services • Provide specialist secondary consultation support to all practitioners across specialist family violence, child and family services, perpetrator services and Aboriginal organisations and services at The Orange Door • Where required, participate in dispute resolution processes, where disputes arise between Child Protection, The Orange Door and IFS • Monitor client outcomes and oversee and contribute to accurate data reporting systems, which will assist, in part, in tracking demand for future area based planning • Provide strategic oversight on the interaction of safety and wellbeing and family violence-related assessment of children to

Role	Key responsibilities at The Orange Door
	assist with ensuring children are recognised as victim survivors in their own right and that their needs and the impacts of family violence, as well as their broader safety and wellbeing needs, are addressed
All staff of The Orange Door	<ul style="list-style-type: none"> • Administration and data management • Support integrated approaches • Ensure cultural safety • Ensure accessibility and respond to diversity, guided by an intersectional approach • Adhere to the interim integrated practice framework, interim operational and procedural guidelines, service model and service specifications and align with the MARAM Framework.
Operational leadership	<ul style="list-style-type: none"> • Leadership, including leading alignment of the MARAM Framework • Operational management • Day-to-day staff supervision

Table 2: The Orange Door practice leadership

Role	Key responsibilities at The Orange Door
<p>Integrated Practice Leader Employed by a CSO, based within The Orange Door. Reporting to the employing CSO.</p>	<ul style="list-style-type: none"> • Support integrated practice approaches within The Orange Door • Provide secondary consultation and advice on complex matters, consistent with MARAM Framework responsibilities 5 & 6 • Lead clinical decision making to resolve practice issues, including where there are different views within The Orange Door team • Coordinate learning and development of the workforce through communities of practice and other professional development • Lead clinical practice and jointly manage cases • Manage The Orange Door brokerage approvals • Build the baseline understanding of targeted case management workforces to support more integrated service responses to The Orange Door clients • Work closely with The Orange Door Team and Practice Leader(s) to support a cohesive and integrated team • Contribute to case reviews, practice reflection and learning and development of The Orange Door workforce beyond their own specialty to strengthen worker expertise in the areas of Family Violence (including perpetrator services), Child and Family Services, Child Protection, Aboriginal organisations and services, and experience of family violence across diverse communities.
<p>Advanced Family Violence Practice Leader Employed by a CSO, based within The Orange Door. Reporting to the employing CSO.</p>	<ul style="list-style-type: none"> • Lead clinical practice and jointly manage cases • Oversee referrals to Risk Assessment and Management Panels (RAMPs) • Prioritise and approve Central Information Point (CIP) requests

Role	Key responsibilities at The Orange Door
	<ul style="list-style-type: none"> • Clinical advice and decision making in family violence cases where there are different views within The Orange Door team • Deliver practice leadership and secondary consultation to service providers on family violence beyond The Orange Door, consistent with MARAM Framework responsibilities 5 & 6 • Contribute to case reviews, practice reflection and learning and development to build The Orange Door workforce capacity in family violence, including capacity to address the range of presentations of risk across the community and applying an intersectional lens • Build baseline family violence navigation capability
<p>Aboriginal Practice Leader Employed by Aboriginal service(s) May be based within The Orange Door or Aboriginal service (subject to agreement at the local level). Reporting to the employing Aboriginal Service.</p>	<ul style="list-style-type: none"> • Lead clinical practice and small caseload • Work directly with a cohort of Aboriginal clients, as negotiated at the area level • Facilitate and navigate pathways to local Aboriginal organisations and services and interventions on behalf of The Orange Door clients and practitioners, consistent with MARAM Framework responsibilities 5 & 6 • Align activities with Dhelk Dja: Safe Our Way • Consider the dynamics, connections and relationships at play in the local community and service environment • Contribute a cultural lens to workforce development • Contribute to recruitment of Aboriginal employees
<p>Senior Child Protection Practitioner(s) Employed by DHHS, based at The Orange Door. Reporting to the Team Manager.</p>	<ul style="list-style-type: none"> • Work in close partnership with local Aboriginal organisations and services. Provide expert advice regarding the safety and wellbeing of children to staff • Provide access to information about previous assessments and interventions by Child Protection • Participate within The Orange Door multidisciplinary activities concerning children identifies with significant concerns for their wellbeing • Be a point of consultation to practitioners at The Orange Door regarding children and young people where risk is assessed as escalating or a report to Child Protection is being considered • Participate in joint visits, case conferencing and meetings with practitioners at The Orange Door to support assessment, planning and decision making • Support The Orange Door practitioners and broader integrated family services colleagues to focus on the safety and wellbeing of children in all aspects of their work across the continuum of service delivery • Support and collaborate with The Orange Door staff and other services to ensure assessment of family violence risk for children, as well as safety and wellbeing considerations (which may or may not also relate to family violence), are assessed and considered • Contribute to the development and delivery of community education to agencies regarding child protection statutory processes and responsibilities • Utilise Child Protection knowledge and skills to assist The Orange Door practitioners to build capacity and confidence in

Role	Key responsibilities at The Orange Door
	identifying and managing cases where there is additional complexity and or risk for children <ul style="list-style-type: none"> • Manage unborn reports for matters where Child Protection intervention is likely post birth
Service System Navigator Employed by FSV, based within The Orange Door. Reporting to the Hub Manager.	<ul style="list-style-type: none"> • Establish and maintain service interface agreements, local arrangements and operating protocols with key services across the local area and broader service network • Partner with local service sector to identify opportunities to address local areas service gaps that improves service delivery • Resolve system access and navigation issues • Monitor progress of service engagement, connections and service capacity, identifying actual and potential barriers and finding effective ways to deal with them • Provide authoritative advice and or secondary consultation to internal and external stakeholders regarding service interfaces and access between The Orange Door and local service system • Work with governance structures to effect change • No caseload responsibilities • Support alignment of policies and practices to MARAM with a focus in particular on consistent and collaborative practice, responsibilities 5 & 6 (information sharing with other services, including secondary consultation and referral) and responsibilities 9 & 10 (Leading and contributing to ongoing collaborative risk management)
All practice leadership team	<ul style="list-style-type: none"> • Leadership including leading alignment with the MARAM Framework • Clinical supervision and advice • Specialist or secondary consultation within and beyond The Orange Door • Support The Orange Door workforce development • Support collaboration and communities of practice

Table 3: The Orange Door team

Role	Key responsibilities at The Orange Door
The Orange Door team Specialist Family Violence services, perpetrator services and Child and Family Services workers. Employed by CSOs, based within The Orange Door. Reporting to the employing CSO.	<ul style="list-style-type: none"> • Clinical practice and caseload • Receive and process all referrals to The Orange Door • Deliver: <ul style="list-style-type: none"> – screening and triage – assessment – crisis responses – service planning – targeted interventions – allocation and coordinated referrals • Provide information and advice about service options and pathways • Advocate for clients and service access • Navigate the service system for clients

Role	Key responsibilities at The Orange Door
	<ul style="list-style-type: none"> • Identify when a CIP request may be required and refer to the advanced family violence practice leader • Provide a clear description of the services provided by The Orange Door, and provide timely and up to date information, in response to phone, email and face to face enquiries • Approve brokerage within delegations • Liaise with The Orange Door Practice Leaders to support risk assessment and planning including with the: Aboriginal Services Practice Leader, Advanced Family Violence Practice Leader, Integrated Practice Leader and Senior Child Protection Practitioner. • Align family violence risk assessment and management practice with the MARAM Framework. • Liaise with professionals outside The Orange Door, including for purposes of ongoing risk management (responsibilities 9 & 10 and information sharing, secondary consultation and referral (MARAM Framework responsibilities 5 & 6) • Provide mentoring and support to The Orange Door team members, as appropriate • Share integrated approaches and learnings with CSO employer • Actively develop and maintain effective working relationships with all The Orange Door staff • Respond effectively to clients from Aboriginal communities, diverse communities and at-risk age groups to ensure an inclusive and responsive approach.
<p>Client Support Officer(s) Employed by FSV, based within The Orange Door and Reporting to the Hub Manager.</p>	<ul style="list-style-type: none"> • Identify client pathways within the internal environment of The Orange Door, and support client access to the relevant services and team members • Support the Hub Manager and broader workforce at The Orange Door to deliver client focused objectives • Prioritise tasks to be able to provide optimal service delivery to clients • Provide administration support, including ascertaining and maintaining client information, stakeholder and community service organisation communication, and general clerical duties. • Exercise advanced interpersonal communication skills in response to diverse presentations of client needs, including in behavioural presentation, consistent with MARAM Framework responsibility 1 (Respectful, Sensitive and Safe Engagement) • Respond effectively to ensure that Aboriginal people receive culturally appropriate services that meet their needs <p>As a team member at The Orange Door, provide timely and effective customer service to clients of The Orange Door.</p>
<p>Administrative Officer Employed by FSV, based within The Orange Door. Reporting to the Operational Support Officer.</p>	<ul style="list-style-type: none"> • Provide assistance with administrative processes and information systems such as the Client Records Management database, fleet administration, room bookings and logistical planning. • Keep accurate reports and records of financial information and assets management, and perform financial administration duties under approval

Role	Key responsibilities at The Orange Door
	<ul style="list-style-type: none"> Assist with administrative process in relation to stakeholder correspondence with FSV, DHHS, CSO staff and stakeholders, providing timely information and advice as required.

The Client Relationship Management system

The Orange Door has a purpose-built information system, The Orange Door Client Relationship Management system (CRM), to capture, store and record case information. The Client Relationship Management (CRM) system supports practitioners to capture and use case related information.

The CRM is designed in accordance with the overall strategy, intent and implementation of The Orange Door, and the broader family violence and family services reform agenda. The rollout of this infrastructure forms part of the phased implementation of The Orange Door so that by 2021 there will be a state-wide CRM system. The CRM has been implemented in the first five areas and is being refined and enhanced over time. The Orange Door workforce are trained in CRM use, and the CRM has strong data security mechanisms to ensure client information is protected. The CRM is only available to The Orange Door workforce, and is not used by the child protection practitioner, who continues to use the DHHS case record system (CRIS) and not the CRM.

The CRM is used to record client case records and information, including:

- client interactions including assessments, service plans and referrals
- immediate steps/decisions/actions taken
- details regarding any past, current or future service responses or allocations
- the provision of information to the client regarding the handling of their information, applicable privacy standards and legislative requirements and, where required, consent or agreements to seeking or providing personal information with specified other agencies, professionals or third parties.

The Orange Door practitioners use the CRM as their primary system for recording all case information. This includes records of any consultation with practice leaders within The Orange Door, including the child protection practitioner.

Team leaders and practice leaders use the CRM to record client-related information where they have direct contact or primary responsibility for clients, with the exception of the child protection practitioner, who continues to use CRIS for all client-related information.

The CRM is integrated with the L17 portal and receives incoming police family violence referrals, the Central Information Point (CIP) and Tools for Risk Assessment and Management (TRAM), to minimise the need to transfer client information between these systems.

The CRM is also used to support wider reporting and monitoring of client- and service-level outcomes and data.

In the future

The CRM will continue to be developed to increase its functionality and integrate with other systems. Refinement and enhancements to the CRM are also informed and guided by feedback from The Orange Door and reflect the development of the service model and the experience and practice needs of the workforce.

Information sharing and privacy

Information sharing is a key enabler for The Orange Door. To do its job, The Orange Door needs relevant information about clients and other people.

At the same time, The Orange Door is committed to safeguarding the privacy of confidential information.

The Orange Door will only collect, use and disclose confidential information (including personal and health information):

- in line with relevant laws, including the *Privacy and Data Protection Act 2014* (Vic), the *Health Records Act 2001* (Vic), and the *Family Violence Protection Act 2008* (Vic) (FVPA); and
- if the information is relevant to the services The Orange Door provides.

Reforms that support appropriate information sharing within The Orange Door include Part 5B of the FVPA, the Family Violence Information Sharing Scheme, the Child Information Sharing Scheme and the Central Information Point.

Part 5B of the FVPA facilitates information sharing in the context of The Orange Door, particularly the internal use and disclosure of information by workers within The Orange Door to support services. This includes using the CRM to keep records, and discussions between workers as part of delivering services.

The broader legislative framework for information sharing and privacy will usually apply to The Orange Door's external collection and disclosure of information. For example, The Orange Door may disclose confidential information to an external service with consent, or to lessen a serious threat to an individual's safety, or under the Family Violence Information Sharing Scheme or the Child Information Sharing Scheme.

Before any information is shared, The Orange Door must be satisfied that there is an appropriate legal basis to do so.

In addition to legislative requirements, privacy requirements for organisations and workers within The Orange Door are set down in service agreements and the CRM Use and Access Agreement.

Information and guidance for workers within The Orange Door on information sharing and privacy is available from the Support and Safety Hubs: Interim Operational Procedural Guidelines.

The Orange Door's Privacy Policy is available here: orangedoor.vic.gov.au/privacy-policy.

Outcomes

Adopting an outcomes-focused approach to service design and delivery is critical to the success of The Orange Door and achieving better outcomes for women, children and families.

Family violence outcomes framework

The Victorian Government's 10-year plan Ending Family Violence: *Victoria's Plan for Change* outlined the outcomes that Victoria is seeking to achieve through its reform program. The Family Violence Outcomes Framework outlines Victoria's priorities in preventing and responding to family violence, why these priorities matter, and what constitutes success in achieving these outcomes (see appendix). The *Family Violence Rolling Action Plan 2017–2020* commits to progressively shifting performance monitoring and accountability to focus on these outcomes.

The Children and Families System outcomes framework

To support reform in the Children and Families system, the department has developed a new system model that offers three pathways to support: early help, targeted and specialist support and continuing care. Implementation of the pathways will include a focus on early intervention, place-based local governance, community engagement and mobilisation, and quality and safety.

The three pathways approach is accompanied by a draft outcomes framework for the children and families system (outcomes framework) that articulates the desired changes or benefits that services have on the lives of children, young people, their families and carers. This outcomes framework lays the foundation for systemic outcomes measurement in the children and families system, and can be used to support strategic decision making, service and system design and delivery, including by The Orange Door. The role of The Orange Door as an intake point for child and family services means a focus on outcomes articulated within the family violence and children and families outcomes frameworks is fundamental. The outcomes framework will be finalised throughout 2019-20.

The outcomes framework is a sub-framework of the Department of Health and Human Services Outcomes Framework, and as it becomes routinely used will contribute evidence and data to this overarching framework.

Outcomes measurement and monitoring within The Orange Door

FSV is committed to a robust and multidimensional approach to outcomes measurement and monitoring and evaluation that aligns with the Family Violence Outcomes Framework, the Children and Families Outcomes Framework and the outcomes frameworks of relevant departments (including DHHS), the justice system and police.

Work is underway to develop an approach to outcomes measurement and monitoring for The Orange Door. This work will include articulating the outcomes and indicators that reflect the impact of The Orange Door in both the short and long term. It will also describe the way FSV will measure progress against these outcomes, including through collecting information relevant to client outcomes, client experience data, service delivery data and evaluation. This approach will support The Orange Door and partner agencies to develop better understandings of the efficiency and effectiveness of their services and of their contribution to holistic client outcomes.

In line with the evolving development of The Orange Door, early outcomes measurement and monitoring will most likely focus on system outcomes that will help review and refine the service model. These may include that The Orange Door is accessible, person-centred and supports the development of an integrated service system that better responds to individuals rather than require individuals to conform to the service system. The contribution of The Orange Door to the outcomes of women, children and families who are supported by specialist family violence services, perpetrator services and child and families services will also be a fundamental consideration in developing an outcomes approach for The Orange Door.

Features of The Orange Door service model that will support outcomes measurement and monitoring include:

- systems to collect data that will help to build a better picture of demand, client outcomes, service flows and system performance (including CIP and CRM)
- strong feedback loops between The Orange Door, core services and the broader services in each area that will monitor service capacity, gaps and blockages and client outcomes
- mechanisms to feed this intelligence into ongoing statewide and local design and to inform continuous improvement at the local level.

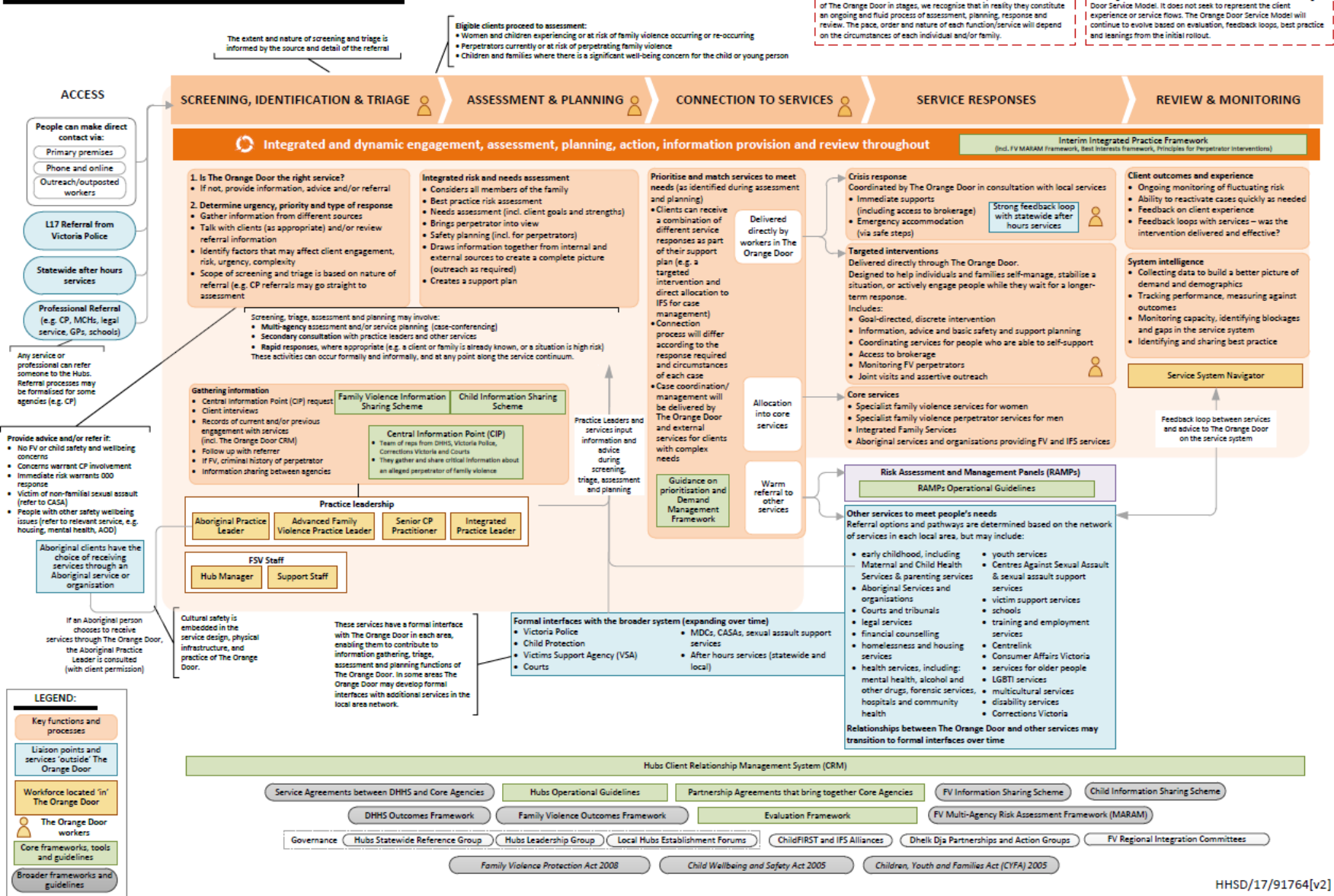
These features will build over time. FSV is committed to minimising the reporting burden on service agencies and in supporting shared accountability at the local and whole-of-Victorian-Government levels. This is in line with the whole-of-Victorian-Government effort to streamline performance monitoring and strengthen the focus on outcomes across government and the community services system.

The Orange Door service model

The objectives of The Orange Door service model are to:

- provide a better experience of the service system for clients and improve the way their risk and safety is managed
- harness the strengths of both government and non-government agencies to deliver The Orange Door functions
- draw on the ability of government to support the significant system reform
- utilise the experienced and specialist workforces of local community sector organisations to deliver The Orange Door functions, including initial contact and advice, triaging, crisis responses, risk assessment and safety planning, needs assessment and service planning and allocation, as well as expert advice and capacity building
- deliver an integrated service model and effectively manage the practice and cultural change required
- ensure The Orange Door is supported by local and collective partnerships – both across government and non-government agencies and within and across different service sectors
- support collaboration, shared responsibility and mutual accountability by government and non-government agencies
- provide clear accountabilities, including a clear process for resolving issues
- support the transition to The Orange Door in the system
- support alignment to the MARAM Framework
- support statewide consistency to deliver services to people experiencing family violence and families in need of support with the care, development and wellbeing of children and young people
- ensure accessibility, responsiveness to diversity and consideration of human rights
- deliver services that meet people's needs, respond to the issues raised by the royal commission and delivering on the vision outlined in *Victoria's plan for change* and the *Roadmap for reform*.

The Orange Door Statewide Service Model



Meeting the needs of Aboriginal people

The Orange Door will support the self-determination of Aboriginal people and works closely with Aboriginal communities and services to ensure Aboriginal people receive culturally safe and appropriate services that meet their needs.

Professionals should use a strengths-based approach that values the strengths of Aboriginal individuals and the collective strengths of Aboriginal knowledge, systems and expertise – and refer to and apply the principles from [*Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families*](#), the Aboriginal-led Victorian agreement for addressing family violence.

When working with Aboriginal people and communities, it is also important to recognise the impact of current and historical child removal policies including family separation, and disconnection from culture and country, including the ongoing impact of institutionalised abuse and neglect suffered by many removed children that continues to impact on Aboriginal people and families. The meaning of this, in the context of risk and impact to the person experiencing family violence, will need to be considered for risk assessment and risk management.

Professionals should reflect on their own bias and, where improvements can be made, tailor their practice approach accordingly. To address potential barriers, person-centred practice uses an intersectional lens and adopts culturally sensitive and safe practices when undertaking risk assessment and management. This includes recognising the particular presentations of family violence risk factors for people from Aboriginal communities.

The statewide concept outlined a number of key principles for the design of The Orange Door service model. Table 4 summarises how these principles are being put into practice.

Table 4: Key principles – meeting the needs of Aboriginal people

Putting principles into action
<p>Aboriginal self-determination within The Orange Door governance</p> <ul style="list-style-type: none">• Aboriginal people are part of The Orange Door governance arrangements from the beginning (Hub Leadership Groups and Local Hub Establishment Groups).• The relationship between Aboriginal services, communities and The Orange Door has been informed by advice from Aboriginal communities and services within each launch area.• Hub Leadership and Local Hub Establishment Groups recognise that many Aboriginal services already deliver many functions of The Orange Door for Aboriginal women, men, children and young people and families, and that other Aboriginal services can be supported to perform these functions over time.• Hub Leadership and Local Hub Establishment Groups recognise that a whole-of-family approach is the longstanding attribute of Aboriginal communities that The Orange Door is learning from.• There are mechanisms for Aboriginal people to provide feedback on services and to input into service design, evaluation and improvements. Aboriginal services and communities have been asked for advice to help shape these mechanisms.
<p>Choice for Aboriginal people to seek support through The Orange Door or an Aboriginal service</p> <ul style="list-style-type: none">• The foundational model for The Orange Door includes the opportunity for a local Aboriginal service to employ two Aboriginal workers, including an Aboriginal practice leader, within The Orange Door network.• The number of Aboriginal people working within The Orange Door continues to increase as The Orange Door network expands.• Aboriginal workers have helped to shape the design and implementation of The Orange Door from the start and built relationships and partnerships with community organisations to support

Putting principles into action

culturally appropriate and safe pathways and choices, including pathways to Aboriginal legal services.

- Agreed referral pathways and working and employment arrangements between The Orange Door and Aboriginal service(s) in each area are established at the local level to ensure that Aboriginal people can benefit from the specialisation of Aboriginal services and The Orange Door functionality regardless of whether they access The Orange Door directly or via an Aboriginal service.
- The Orange Door and Aboriginal services are able to contact each other to share information, provide advice and coordinate responses where relevant.
- Information materials for community members about the supports they can access have been developed in partnership with local Aboriginal communities and services, emphasising that Aboriginal people may choose to contact The Orange Door outside their catchment area to protect privacy.
- Existing Koori Family Violence Police Protocols are maintained, including for police L17 family violence referrals. This means that some L17 referrals continue to be made directly to Aboriginal services.
- Aboriginal services are supported to build workforce capabilities, opportunities and career pathways, including training in the MARAM Framework.

Embedding cultural safety across The Orange Door, informed by local culture and community

- Physical premises of The Orange Door are designed to be welcoming for Aboriginal people and families, with visible recognition and acknowledgement of Aboriginal culture and Country.
- As part of their funding agreement, all funded organisations partnering to deliver The Orange Door are expected to deliver culturally safe services to Aboriginal people as part of their service agreements and, in particular, demonstrate compliance with the Human Service Standard 4.4 that supports 'People [to] maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community'.
- The Orange Door also considers Aboriginal cultural rights when delivering services based on their obligations under Victoria's Charter of Human Rights and Responsibilities Act 2006.
- Aboriginal self-determination and cultural safety is a requirement within The Orange Door' interim integrated practice framework and position descriptions for all The Orange Door staff.
- Cultural safety issues for Aboriginal workers are identified and addressed.
- The Orange Door has frameworks, policies and procedures in place to identify Aboriginal clients and work with them in a culturally safe way, informed by an understanding of intergenerational trauma and discrimination, collective grief and loss.
- Local Aboriginal communities or services will deliver training to The Orange Door practitioners to build their understanding and respect for the inherent strength and expertise of Aboriginal people, as well as the accumulation of trauma across the generations associated with the impact of white settlement, colonisation and the dispossession of land, culture and children.
- Training will be embedded as an ongoing commitment to build a deeper and more nuanced understanding of cultural perspectives, holistic and healing approaches, and the strengths and opportunities within the local Aboriginal community.
- Aboriginal services and workers provide expert practice advice in delivering culturally safe and appropriate triage, assessment and support responses.

Meeting the needs of Victoria's diverse communities

Under the Equal Opportunity Act 2010, it is unlawful to discriminate against someone based on a number of personal characteristics including race, age, sex, sexual orientation, disability and gender identity in a number of areas of public life including service delivery. Services also have a 'positive duty' to prevent discrimination from occurring. This means planning, considering service delivery barriers for diverse communities, and taking proactive steps to remove them and ensure discrimination does not occur.

Tailoring service delivery methods for diverse community members or providing adjustments for people with disabilities are examples of steps to meet the positive duty.

The Orange Door aims to offer accessible, responsive and non-discriminatory supports tailored to individual needs and experiences. This includes services that are responsive to the diverse community groups identified by the Royal Commission into Family Violence including:

- Aboriginal communities
- CALD communities
- faith communities
- lesbian, gay, bisexual, trans and gender diverse and/or intersex (LGBTI) communities
- people with a disability
- people experiencing mental health issues
- older people
- women in or exiting prison or forensic institutions
- people working in the sex industry
- rural, regional and remote communities
- male victims of family violence, with supported referral pathways in place for adult men.

Practitioners working at The Orange Door tailor support according to need to enable people to participate fully and access services on an equal basis. This includes factors relating to religion, ethnicity, gender, sex, sexual orientation, gender identity, culture, language and communication requirements, socioeconomic status, disability, mental health, age, geographic location or visa status. Practitioners working at The Orange Door apply an intersectional lens which considers a person's whole, multi-layered identity and life experience and involves reflecting on one's own bias to respond safely and appropriately in practice.

Practitioners at The Orange Door:

- respect and acknowledge the inherent strengths and importance of a person's background or identities including, for example, Aboriginality, culture, faith, sex or gender identity
- do not require proof of sex or gender identity, or information about medical history or treatment
- seek client views on appropriate services and support appropriate referrals or secondary consultations including, for example, to culturally specific services, LGBTI services, elder abuse services and men's or women's support services.

A number of principles underpin The Orange Door' commitment to welcoming and responding to diverse communities including:

- **Access and equity** – Actively and systematically working to ensure that people have access and opportunity to utilise The Orange Door and feel safe doing so.
- **Inclusive and non-discriminatory service delivery** – The Orange Door is underpinned by human rights and empathy to ensure that everyone is included.
- **Practitioner approach** – practitioner's attitudes, behaviours, policies and systems enable full and equal participation for everyone.
- **Responsive** – practitioners are aware of and adaptive to the diverse and intersecting needs of all individuals and communities and are not rigid or tailored to a single population group.
- **Empowerment and self-determination** – The Orange Door recognises the strengths and the lived experiences of clients and enable them to make decisions about how they engage with services.

The Orange Door workforce and governance structures aim to reflect the diversity of the community.

The Orange Door is building relationships and pathways with local services and networks to support clients (for example, Aboriginal services, elder services, disability supports, LGBTI networks and housing, drug/alcohol, ethno-specific organisations and migrant resource centres).

The Orange Door will be guided by [Everybody Matters: Inclusion and Equity Statement](#) which sets out the Victoria Government's long-term vision for the creation of a family violence system that is more inclusive, safe, responsive and accountable to all Victorians.

Workforce

Practitioners receive training to support their practice in delivering responsive, equitable and non-discriminatory services to individuals and families including responding to diverse and intersectional needs.

Workers take an intersectional approach that:

- views a person holistically
- recognises the many layers that make up a person's needs, experiences and identity
- recognises the overlapping, intersecting forms of discrimination and stigma that they may be exposed to within our society and service system
- recognises that a person's identity affects the way they experience family violence, how willing they are to report it or to seek help and what kind of support they require
- recognises the multiple, overlapping, intersecting factors that contribute to the complexity of a child or family's needs and issues.

The Victorian Equal Opportunity and Human Rights Commission's *Guideline: Family violence service and accommodation – complying with the Equal Opportunity Act 2010*, developed in response to a recommendation from the Royal Commission into Family Violence, provides detailed guidance on inclusive and non-discriminatory service delivery and adopting an intersectional approach.²

The Orange Door acts consistently with human rights. The Charter sets out 20 fundamental rights including the right to recognition and equality before the law, the right to protection of families and children and the right to privacy. The Charter requires public authorities to act consistently with the rights in the Charter. Public authorities include Victorian state and local government departments and agencies, and those delivering services on their behalf, to act consistently with the human rights in the Charter. The agencies within The Orange Door act as public authorities when providing the functions outlined below.

Modifications and adjustments

As service providers, the partner agencies who make up The Orange Door have legal obligations to make adjustments for people with disabilities under Victoria's *Equal Opportunity Act 2010*, the *Disability Discrimination Act 1992* (Cth) and the *Disability (Access to Premises – Buildings) Standards 2010*. The following supports relating to physical and communication access are examples of reasonable adjustments:

- engagement – engaging with the person and not talking about the person to the carer or support worker; allowing for privacy, including the opportunity for people with carers or support people to disclose information without them present
- communication access – including professional interpreters, Auslan interpreters, communication or memory aids such as picture boards, tablets or communication books
- information access – translating information into other languages, producing information in Easy English or producing Auslan videos
- physical access – including by providing ground floor access and attendant carers
- support – such as contacting independent people or advocates to provide communication support between a person with a cognitive disability or mental health disability and The Orange Door practitioners.

² Victorian Equal Opportunity and Human Rights Commission 2017, *Guideline: Family violence service and accommodation > Complying with the Equal Opportunity Act 2010*, VEOHRC, Melbourne

Access

Summary

People must be able to access The Orange Door in ways that are safe, accessible and convenient for them.

The Orange Door is accessible through an access network across each department area that includes:

- telephone and online access options (including a website and email)
- primary physical premises and, over time, outposted practitioners and tailored access points providing alternative locations
- outreach or mobile practitioners who can engage with people where they feel comfortable
- referrals from other professionals and community organisations, including police referrals (L17s).

These channels are used by a range of people including: people self-referring; concerned friends, family or community members; and professional referrers (for example, general practitioners, courts, legal practitioners and teachers).

What this looks like in The Orange Door

Access network

The guiding principle of The Orange Door access network is that there should be no 'wrong' place for someone to seek help and that people should be able to access an equitable service response regardless of where or how they present (at The Orange Door or a service, in person or by telephone) or when they are identified as needing support. This requires the development of an access network in each area. This network comprises multiple means and places where people are able to access the 'functionality' of The Orange Door (the functions are described on pages 39-70).

The network comprises three key parts:

1. The Orange Door access methods

These comprise the telephone, online, outreach and physical locations (described below) where The Orange Door functions are delivered by the partnering organisations (CSOs) who make up The Orange Door. The Orange Door access methods provide the functions described in this document directly to people who make contact or are referred. Referrals to The Orange Door (including L17s) are received through these access channels.

2. Core services

These comprise the organisations and agencies that provide specialist family violence services, family services and perpetrator services in the area, including those that are partnering to make up The Orange Door. The Orange Door is the entry point for core services – specialist family violence services, perpetrator services and child and family services. The Orange Door is the main entry point for people seeking or who need these services and performs the intake function for them. However, there are instances where these core services provide a direct entry point to the service system:

- where a client presents directly to a core service with an immediate need that must be assessed and managed (crisis or high risk)
- where a client has expressed a preference to directly access a core service, rather than The Orange Door (for example, if there is a pre-existing relationship or the client is Aboriginal and wants to work with an Aboriginal service).

In these cases, people who present to these services should not be physically redirected to The Orange Door. Core services can connect people to The Orange Door through:

- directly undertaking the screening, triage, assessment and planning with the person and family in a consistent manner with The Orange Door
- seeking secondary consultation from practitioners at The Orange Door, including practice leaders
- connecting the person to The Orange Door – for example, by arranging an appointment with a practitioner at The Orange Door or supporting them to contact The Orange Door by telephone or redirecting the referral.

Core services should confirm that the person or family is informed about their option to access The Orange Door, the potential opportunities and outcomes of the connection with The Orange Door (for example, accessing and use of CIP information or multidisciplinary input to improve risk assessment and management) and how their information would be shared.

3. Broader services

These comprise the range of health, justice, community and education services in the area. These services refer to The Orange Door and seek information and advice or secondary consultations from The Orange Door in relation to their clients. This supports consistent and collaborative practice under the MARAM Framework, specifically this relates to responsibilities for information sharing, secondary consultation and referral (5 & 6).

In the future

Broader services (such as housing and homelessness services) may develop shared processes with The Orange Door to be able to deliver a partial function such as undertaking screening and triage consistent with The Orange Door approach. This will require developing statewide protocols and local agreements with the area-based Hub Leadership Group.

The Orange Door access network is supported by:

- agreements with core services – family violence, family services and perpetrator services – to set clear expectations regarding access pathways and to ensure mutual understanding of respective roles and responsibilities
- The Orange Door partnership agreements that set clear expectations about the roles and responsibilities of the partnering services in delivering integrated approaches across a catchment area
- data collection mechanisms that record intake and assessment undertaken by core services outside The Orange Door (to provide a view of overall demand and system capacity).

Catchment

The Orange Door predominantly provides services for the population living within the local DHHS area.

If a person or family who does not live in that catchment, or someone who is transient/homeless approaches The Orange Door seeking support for family violence or child safety and wellbeing issues, The Orange Door responds to their immediate needs in relation to family violence and the safety, wellbeing and development of children. In the interests of practicality, building trust and helping people who need it, The Orange Door provides a minimum standard of service as appropriate in the circumstances. For example, if the situation is high risk and there is no other service or agency that would be responsible and/or it would be highly impractical for them to respond, The Orange Door provides a crisis response. In other circumstances, The Orange Door conducts screening, identification and triage, and then helps the person or family identify a suitable service in their local area.

If professional referrals (including L17s) are sent to The Orange Door, but it is identified that the service response should be provided in another area (for example, based on the person's current place of residence or they are actively engaged with a service in that area), they are redirected. However,

The Orange Door can accept referrals outside the catchment in limited circumstances. This may be appropriate for reasons of:

- safety (for example, if it is safer for women and children experiencing family violence to access services from The Orange Door in that area)
- privacy (for example, if it would better protect the client's confidentiality or privacy to access services from The Orange Door in that area)
- accessibility (for example, if it is easier for the client to access services at The Orange Door in that area because of transport connections)
- perpetrator accountability (for example, if it would assist to ensure the perpetrator remains 'in view').

At a minimum, The Orange Door must support people and families to access another appropriate service that can assist. This means that The Orange Door links people to services in other areas and interstate.

Access methods

Access to The Orange Door includes:

- telephone and online access options (including a website and email)
- primary physical community-based premises
- a limited number of alternative access points to ensure geographic access and to provide people with greater choice, including Aboriginal people
- outreach or mobile practitioners who can engage with people where they feel comfortable.

These channels are used by a range of people including:

- people self-referring
- concerned friends, family or community members
- referrals from other professionals and community organisations, including police referrals (L17s) (for example, general practitioners and teachers).

Telephone access

Currently there are toll-free phone numbers for The Orange Door in each area. Calls have been re-routed to The Orange Door from existing Child FIRST numbers in areas where The Orange Door is operating for a transitional period.

The Orange Door provides advice and information to help people who contact The Orange Door either for themselves or friends and family members to identify family violence and child safety and wellbeing concerns and to support them to engage with or to take up services. People are able to make enquiries and request information from The Orange Door anonymously or on behalf of others.

In the future

When there is full statewide rollout of The Orange Door, The Orange Door will transition to a statewide toll-free phone number. Calls to this number will route to The Orange Door in the closest local area, if identifiable.

After-hours telephone access

After-hours telephone support continues to be provided by existing statewide services including safe steps, the Sexual Assault Crisis Line, Men's Referral Service and the Victims of Crime Helpline. These services provide after-hours telephone support, safety planning and access to accommodation for victims of family violence, as well as telephone support and referrals for perpetrators of family violence. Urgent responses after hours in relation to children continue to be assessed and provided by the Child Protection Central After Hours service.

These services refer non-urgent enquiries or requests for assistance from people or professionals to The Orange Door, in areas where it is operating, for a response during operating hours. Where an immediate response is required, this is either provided directly by the after-hours service, or by activating a local agency response. In both cases, The Orange Door is informed of the response provided and the need to undertake any required follow-up during operating hours.

In the future

The Orange Door will transition to extended operating hours.

Online access

The Orange Door website provides information regarding:

- what is The Orange Door?
- who can access The Orange Door?
- how to contact The Orange Door, including phone numbers, locations/addresses and a generic email address for The Orange Door in each area
- links to other relevant services including after-hours services.

The website has information in different languages and meets accessibility standards for people with disabilities. It also has information for the range of people who might seek support through The Orange Door, including Aboriginal people, older people, LGBTI people and adolescents.

In the future

Over time, it is expected that increased use of technology will support people to access The Orange Door remotely. The Orange Door will expand its online presence and functionality, reflecting the changing ways in which some people access services. This expanded digital functionality will include:

- video-call/conferencing facilities
- online self-referrals and professional referrals
- an online chat tool
- online self-assessment of family violence risk.

FSV will continue to explore ways of expanding the digital presence of The Orange Door based on the latest research and best practice in Victoria and other jurisdictions. In particular, FSV will consider the learnings from existing and pilot programs such as the online intervention order application pilot, safety apps and chatbots.

Physical access

Primary physical community-based premises has been established for The Orange Door in each of the five areas that operates during standard business hours (Monday to Friday, 9.00 am to 5.00 pm).

The physical community-based premises are safe, welcoming places for people to access support. They have:

- a welcoming and culturally safe public area, for adults and children
- comfortable spaces and private rooms for client interviews
- dedicated and secure working areas for staff
- meeting rooms for multiagency meetings and case conferences.

To ensure the safety and accessibility of all people who use The Orange Door, the premises:

- have entrances, waiting areas and exits that are accessible for people with disabilities
- offer accessible communication modes and information in different languages, including in its signage
- control circulation of people in the building through public, semi-public and staff-only zones

- duress and emergency alarms, and CCTV
- private security monitoring.

How do perpetrators of family violence access and engage with The Orange Door?

As well as supporting women, children and families, The Orange Door makes contact with and plans interventions for perpetrators. The safety of women and children is the priority for The Orange Door, and engaging perpetrators with a view to ending violence is central to that objective.

Strong safety measures in design and operation of The Orange Door, along with careful operational planning and scheduling, ensure the risks posed by working with perpetrators are thoroughly managed.

- The Orange Door has a range of contact points including telephone, online access and outreach workers.
- Typically, The Orange Door receives an online referral about a perpetrator from police. The contact made in response to a police referral is initially by phone.
- The Orange Door staff are able to meet with perpetrators in other locations such as a men's family violence service or a court.
- The Orange Door does not deliver men's behaviour change or other perpetrator programs from The Orange Door premises.

Design of The Orange Door has drawn on the experience of services who work with victims and perpetrators to ensure The Orange Door embeds safety measures.

The risk posed by perpetrators increases significantly when information about them is unknown or not shared, or when new information isn't included in risk assessments. The Orange Door has access to perpetrator information shared through the CIP and the Family Violence Information Sharing Scheme, which enables information to be shared about perpetrators, without requiring their consent to assess and manage the risks posed to victim survivors and to plan appropriate interventions.

The Orange Door works with other parts of the service system when working with perpetrators, including justice agencies, to ensure an integrated service response and up-to-date risk assessments.

The *Perpetrator Practice Guidance* outlines how The Orange Door manages perpetrators of family violence and is available at: <https://www.vic.gov.au/orange-door-practitioner-resources>. MARAM perpetrator focused assessment tools and practice guides will also be made available in 2020.

Outposted workers

A limited number of practitioners operate as outposted workers from other locations in the DHHS area beyond the primary premises, with capacity to deliver The Orange Door service including access to the CIP and use of the CRM. These outposts are identified and agreed by the Hub leadership groups.

In the future

Outposted workers may be fixed in one location, or may 'rove' between different services to provide support across a larger geographic area. The locations where The Orange Door practitioners are outposted is determined by local area needs.

Outreach

Practitioners undertake outreach with clients and families in settings where they feel most comfortable. Outreach should be prioritised when:

- the client's capability to travel to The Orange Door or alternative location is limited (for example, due to geographic distance, severe financial difficulty, limited safety or capability to travel independently due to a disability or they have significant carer responsibilities)
- travelling to The Orange Door puts the person's safety at risk (for example, where their movements are monitored by the perpetrator or they wish to remain anonymous or not be seen using the service).
- other attempts to engage the person or family have been unsuccessful, and the presenting concerns or risks are not able to be sufficiently assessed or managed
- the practitioner believes that assessment would be significantly more efficient or effective if conducted in an environment where the client is comfortable (for example, to help alleviate an individual's anxiety or fear, build rapport with the person or where observation of the person or family's context supports the assessment process).

Before undertaking an outreach visit practitioners assess whether this has the potential to increase safety risks to the client (for example, where a perpetrator is not aware that their victim has engaged with a support service) and conduct an assessment of potential worker safety risks. This includes using standard practices to maintain safety (for example, ensuring mobile phones are charged and details of appointments are recorded and available to other team members), as well as consideration of specific contextual factors and risk mitigations that might be necessary. This could include undertaking an outreach visit with a colleague or requesting a joint visit with police.

Referrals (L17 and professionals)

- Referrals made by police in relation to family violence incidents are transmitted to The Orange Door through the L17 portal. The Orange Door receives L17 referrals for female victims of family violence, children and all perpetrators. Police L17 referrals for adult male victims are sent to the Victims Support Agency (VSA). Where the police assess a child at risk of significant harm, referrals are sent directly to Child Protection. The L17 portal is integrated with The Orange Door CRM but practitioners also have direct access to the L17 portal to view, track and redirect referrals, update client information and share information with other services, if required*.
- The Orange Door receives referrals from a range of other services and professionals. These referrals are made via email, telephone or in writing. Referral processes between The Orange Door and key services help identify which clients should be referred to The Orange Door, guide how the referral is made and that relevant information is effectively transferred.
- Child Protection refers children and families to The Orange Door where it does not identify a significant risk of harm but identifies a family in need of support with the care, wellbeing and development of children and young people. Child Protection also refers to The Orange Door where, through their work, they identify people in need of either family violence or family support services; including adult victims or perpetrators.

*A new L17 Form (also known as the 'Family Violence Report') was launched in August 2019. The L17 is an actuarial tool meaning that certain questions are scored. The score reflects the risk of re-occurrence of a police-attended family violence incident rather than the level or 'seriousness' of risk under MARAM. Of the 15 MARAM risk factors that indicate an increased risk of the victim being killed or almost killed, only 4 are scored questions within the L17. While the scoring is valuable as it indicates which L17s will be reviewed by the Victoria Police Family Violence Investigation Unit (FVIU), it should not be used to form the basis of risk assessment or triage response by specialist family violence services. When L17 referrals are received, **professionals should use their professional judgment to determine the presence of high risk factors and engage in risk assessment using their professional judgment under MARAM.**

In the future

Tailored access points will be established to supplement the primary community-based premises and offer alternative physical locations where people can access support offered by The Orange Door. They will have a range of purposes including providing:

- physical access to The Orange Door support for people living in remote communities, or where it is difficult to travel to the primary area-based premises of The Orange Door
- options for Aboriginal people to access The Orange Door support through an Aboriginal service
- alternative options for people from diverse backgrounds to access The Orange Door support through services that are specialised in meeting their needs or specific to their community.

Options for tailored access points could include:

- existing workforces in core services delivering The Orange Door functions as a part of their roles from their current service locations through applying The Orange Door practice approaches and systems (including the CRM)
- dedicated teams delivering The Orange Door functions from an identified service location, separate from the primary physical premises.

Tailored access points will be determined based on the following criteria:

- current and projected levels of demand and population growth
- a high need for a specific service response
- where an existing service is in place to host the team
- the accessibility of The Orange Door primary premises
- where there is a potential host service in place with existing infrastructure
- it meets a service gap linked to whole-of-government infrastructure planning projects.

Tailored access points will be required to:

- participate in an area-based Hub Leadership Group
- become a party to The Orange Door partnership agreement
- apply The Orange Door service model, interim integrated practice framework and other policy guidance as relevant
- be a prescribed information-sharing entity under the family violence information-sharing regime
- apply common risk and needs identification tools, including the MARAM Framework
- use the CRM.

In addition, work to design and establish dedicated Aboriginal Access points is being delivered as part of the Dhelk Dja Agreement.

Workforce

The Orange Door practitioners aim to provide positive and successful initial contact and engagement with clients and promote the voice of the child. Practitioners work to build trust and rapport with people accessing The Orange Door quickly, in order to boost their confidence in the service. Practitioners have a clear understanding of how to safely and appropriately engage perpetrators of family violence.

Practitioners recognise and work to meet the needs of Victoria's diverse communities including working with Aboriginal people, people with disabilities and LGBTI people, as well as people experiencing forms of family violence other than intimate partner violence – for example, elder abuse and adolescents who use violence in the home.

Practice tools, frameworks and guidelines

The physical community-based premises of The Orange Door are designed to comply with disability access requirements, occupational safety standards and cultural safety guidelines.

Interpreter services and accessible communication modes are available.

Screening, identification and triage

Summary

Screening, identification and triage involves identifying and prioritising the needs of people accessing The Orange Door.

The Orange Door determines whether:

- the enquiry is about something that The Orange Door can help with (screening)
- there are immediate safety issues, wellbeing issues or risks that need to be addressed, and the priority or urgency of the action required (triage).

The Orange Door uses a consistent process, and practitioners are skilled in identifying family violence and child safety and wellbeing issues. They quickly determine the priority and urgency of people's risks and needs.

The purpose of screening, identification and triage is to:

- quickly identify whether an emergency response is needed and make sure emergency services are activated or Child Protection is notified
- identify any affected adults and children connected to the initial referral or client to enable early identification of risk and needs
- determine whether The Orange Door is the most appropriate service to work with the person and their family, or whether another service is better placed to support them
- prioritise the response required from The Orange Door or another service
- provide people and families with information, resources and advice
- make sure people and families who are referred to another service are well informed and supported to the extent necessary in making contact
- identify whether there could be underlying issues behind the 'presenting need'
- seize the opportunity to engage a person or family by making sure first contact is a safe and comfortable experience that encourages people to continue using The Orange Door
- reaffirm that violence is not tolerated.

What this looks like within The Orange Door

Screening, identification and triage is the first step undertaken to work out the most appropriate type of response for the person or family accessing The Orange Door.

This function requires that:

- The risks and needs of all people in the family, including children, are considered individually and in the context of their family.
- People have choice and control through the process (unless this is not possible or appropriate).
- Aboriginal people and families can exercise self-determination.
- The Family Violence Multi Agency Risk Assessment and Management (MARAM) framework is applied, including use of the Tools for Risk Assessment and Management (TRAM). The safety and wellbeing of children is also assessed in line with the 'Best interests case practice model' (BICPM).
- The capacity and capability of the person, and each person in a family, informs all decisions.
- Barriers to and willingness to engage are considered at each interaction or decision, considering whether failure by The Orange Door/service to engage the person or family increases their level of risk or vulnerability.

Screening and identification

Screening and identification determine whether an immediate emergency response is required and/or if The Orange Door can provide the most appropriate service response, by considering:

- Is there an immediate risk to safety for any individual family member?
- Is there or has there been family violence?
- Are there concerns about a child's safety, wellbeing or development?

In addition, the screening process identifies family members and associated people to the case or referral, with particular emphasis on discovering whether there are any children or young people involved (especially for L17 referrals). Where associated people are identified, the screening questions are applied to them to consider their needs individually.

Clients are redirected to another service where there are no family violence or child safety and wellbeing concerns. This includes:

- adults experiencing issues relating to their health, safety and wellbeing where family violence is not present (for example, people who are homeless or have a mental health issue) or family violence has not directly contributed to the presenting issue or need
- victims of non-familial sexual assault
- victims of other crime.

In these instances, The Orange Door supports the person to access the appropriate service response or redirects the referral.

In addition, where there are family violence or child safety and wellbeing concerns, in the following instances, The Orange Door supports the person to access the appropriate service response or redirects the referral:

- where there is an immediate risk to safety which warrants the involvement of emergency services (triple zero - 000)
- where the matter concerns a mandatory report or it is believed that a child has suffered or is suffering significant harm and where a report to Child Protection is required
- where the client is a male victim of family violence; the client is offered the support to contact the Community Operations and Victim Support Agency (COVSA).

In these instances, The Orange Door ensures that the person receives the appropriate response and may continue to provide follow-up or have continued involvement (for example, where The Orange Door provides follow-up support post-emergency, or where they are involved with an associated party, such as a perpetrator of violence towards a male victim).

When screening, The Orange Door practitioners draw on their professional expertise and judgement to consider and explore any possible underlying reasons for the person's presenting needs. For example, a woman may be seeking housing assistance, but this may be because she has experienced family violence. The Orange Door practitioners undertaking screening and triage are able to identify underlying issues and determine whether The Orange Door is the right service to respond.

Triage

Triage determines the priority and urgency of The Orange Door's response to the person.

- What is their presenting concern? Why have they come to The Orange Door or been referred for?
- Is the person or family in crisis? (for example, are they facing imminent issues that threaten their ability to manage self-care, access shelter or maintain their safety?)
- What is the level of risk?
- Are there children's developmental needs that are not being addressed? How urgent are these?

- Are there any upcoming relevant events or activities that impact on the person's risks or needs? (for example, court attendance)
- Are there additional or intersecting factors that may increase the level of risk and need or increase complexity?
- What services have been previously or are currently involved and what are they providing?
- What is the person's expectation or awareness of the referral made, or of The Orange Door and how would they prefer this service to be provided?
- Are there any issues or potential barriers to The Orange Door or the service system making effective contact and engaging with the person or family that The Orange Door needs to address? (including any legal orders that could impact the service response).

This information is used to determine the urgency, priority and the next action required. This could include providing information and advice, undertaking further assessment or providing a crisis response.

Information and advice is provided for all cases, but specifically where:

- it fully addresses the presenting concerns and there is no indication of any serious risks or issues
- it supports the capability and capacity of the person to determine and manage their needs and promotes their agency
- a referrer or third party has not confirmed that the person has consented to be referred (where consent is required)
- the person does not wish to take up any further service offering or is unwilling to engage in assessment.

The screening, identification and triage process helps the practitioner determine if:

- The Orange Door can connect them to the appropriate service response, such as in cases where the screening and triage process identifies relatively discrete, immediately apparent needs, or that the person or family is or has been recently connected to an effective service response (in these instances, further assessment is undertaken as part of the service response)
- a targeted intervention, including use of brokerage, would be an appropriate service response at this stage (in these cases, this intervention is provided by The Orange Door, alongside determination of whether further assessment is needed (for example, to assess and plan interventions for other or associated needs)
- further assessment by The Orange Door is needed – this is likely for clients where there is greater complexity or multiple risk factors, higher risk and/or for families where there are a range of risks and needs of each individual to be addressed.

If further assessment is needed, triage indicates:

- whether the assessment and response is needed as a priority (there is an indication the client or family is in crisis, there is a high risk of harm or there are significant issues and complexity)
- any specific skills and knowledge needed to undertake the assessment to support assigning each case to the most appropriate practitioner within The Orange Door.

Prioritised assessments are expedited (commencing within 24 hours). The mode of assessment (for example, via phone, outreach or at the primary physical premises) is determined based on the preferences and circumstances of the person or family and the optimal mode to achieve effective assessment and planning.

Gathering further information

The Orange Door has a critical role to play in collecting and analysing information from different sources to better understand the risks and needs for an individual or all members of a family.

Information may be gathered through:

- direct enquiries with the individual or affected family members (with consent where appropriate)

- information provided through a referral (L17 or professional referral)
- a history of previous contact with The Orange Door (from the CRM)
- a discussion with another worker or professional (both within and external to The Orange Door)
- a direct request for information from another agency (for example, maternal and child health)
- the CIP.

Information is gathered in line with the requirements of the relevant privacy and information-sharing legislative requirements.

Gathering further information is a critical step to inform prioritisation and to help clarify or verify critical information. This assists with recognising and understanding:

- family violence risk (including assessing for the misidentification of primary aggressor)
- cumulative harm and impacts of risk factors on children's development
- impacts of previous service involvement and strategies or opportunities to support engagement.

The approach to screening, identification and triage varies slightly depending on the client context and access pathway of each individual case. The likely approaches to screening and triage are outlined below.

People accessing The Orange Door directly

Screening, identification and triage is undertaken by practitioners over the telephone or in person for people who self-refer to The Orange Door. People are provided with information to ensure they have a clear understanding of:

- how to make contact again if circumstances change, if the person does not presently have any needs or risks that warrant involvement from The Orange Door
- the process and next steps, including whether a practitioner gathers information from other sources (with the person's consent where required), whether there is a further assessment undertaken by The Orange Door or a core service and when this takes place, as well as information about what to do if a crisis situation emerges or the person or family's needs or risk changes
- how their information is collected, stored, used and shared.

Where screening identifies the need for an assessment or further service response, practitioners undertake supplementary information gathering to inform prioritisation. This may involve consulting with other members of The Orange Door team, including practice leaders, to inform and update the initial screening and prioritisation.

People referred to The Orange Door

The Orange Door practitioners screen and triage referrals received. This involves checking existing information sources, details provided by the referrer and confirming whether the person is aware of the referral and has consented to it (as appropriate).

Where a referral is received and there is insufficient information, contact is made with the referrer to obtain or clarify information.

The Orange Door considers who may be best placed to make initial contact with the person. In many cases this is The Orange Door practitioner; however, there may be instances where another agency or service makes initial contact with the person. This may be because:

- the service or professional has a pre-existing relationship with the person
- the screening and triage process identifies that a specific service or professional is likely to provide the service response, and rapport is facilitated by that service making initial contact.

Initial contact with the person referred is a prioritised activity, and multiple attempts are made to contact people who are referred, using a range of methods including telephone, text message, in writing and in

person. At screening, identification and triage, The Orange Door practitioners determine which method is safe and effective for engagement. This may be informed by previous contact with services or professionals.

Cohorts

A range of people contact The Orange Door, including people who need help for themselves and their family, professionals who have concerns for people they are working with, or people seeking advice on how to help their friends, family members, colleagues or members of their community.

Screening and triage is provided for all people who are referred to or contact The Orange Door.

- The Orange Door provides screening, identification and triage in relation to all forms of family violence as defined in the *Family Violence Protection Act (2008)*.
- The Orange Door provides screening, identification and triage in relation to all child safety and wellbeing concerns in accordance with the *Children, Youth and Families Act (2005)*.

Screening determines which contacts or referrals to The Orange Door receive a further assessment or response – that is, those people who become ‘clients’ of The Orange Door and which ones are redirected to another service or are only provided with information and advice.

Workforce

The Orange Door practitioners undertake screening, identification and triage for all people who come to The Orange Door (directly or are referred). Practitioners have the necessary skills and capabilities to undertake screening and triage.

Practitioners have a well-developed understanding of family violence risk assessment, child safety, wellbeing and developmental needs and perpetrator dangerousness. They are also highly skilled, capable of building rapport with clients and able to make quick decisions relating to prioritisation.

Practice tools, frameworks and guidelines

The Orange Door applies the Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework.

The Orange Door also applies the BICPM in relation to children, young people and families.

When working with clients, practitioners use a strengths-based practice approach that focuses on what’s working well for an individual or family, as well as identifying risks, issues or difficulties.

Timing and duration

Screening and triage is the highest priority function within The Orange Door. This ensures that high-risk cases do not go unnoticed, and provides The Orange Door team visibility of the relative priority for cases so resources can be planned and shifted to respond.

The time taken for screening and triage ranges from just a few minutes to several hours.

Screening and triage are delivered on the same day the referral is received. For direct contacts, this begins immediately.

The Central Information Point

The Royal Commission into Family Violence recommended developing the Central Information Point (CIP) to provide timely information to support effective risk assessment and management, in particular for medium and high risk cases.

Initially, the CIP is a team of representatives from key government agencies; Victoria Police, corrections, courts and DHHS working together to share critical information about a family violence perpetrator from their respective databases. The collective information is gathered and recorded on a CIP report. The CIP operates from 8am to 6pm Monday to Friday.

Initially CIP reports may only be requested by The Orange Door. However, with increased capability and efficiency in the system, it is envisaged that CIP reports will be made available to a broader range of organisations that provide intake into the service system and conduct a comprehensive risk assessment of family violence. Requestors (and recipients) of CIP reports are declared as 'information sharing entities' (ISEs) by the relevant Minister.

Practitioners are able to request a CIP report about an individual that they hold a reasonable belief is perpetrating or at risk of perpetrating family violence. This is limited to adults (male or female) who have been referred to The Orange Door directly (as a perpetrator of family violence) and those who are believed to be perpetrating family violence against another individual who has been referred to The Orange Door (including against children).

Prioritisation of CIP requests

The Orange Door prioritises CIP requests based on the following factors:

- where an initial risk assessment is unable to be completed due to insufficient information (for example, about the perpetrator's identity and/or location)
- where there is limited or no information about the perpetrator within The Orange Door and partner agency records
- where gathering information directly from agencies would pose an unacceptable delay to providing an effective risk management response.

Each area prioritises which cases are submitted for CIP requests. The CIP requester can include information in the request to indicate the risk and urgency. Approaches to prioritisation will continue to be reviewed and discussed as CIP request demand increases.

Requesting a CIP report

All practitioners are able to identify potential clients/cases where a CIP report will improve the accuracy and efficacy of risk assessment and management of family violence. All practitioners have access to the CIP request system and are trained in its use, including completion of request forms and understanding the nature and content of CIP reports provided.

Requests to the CIP are prioritised by each area and sent to the CIP. The CIP generates a report that is provided to the practitioner and their team leader. CIP reports can be requested at any time.

Practitioners are not required to inform clients they have requested a CIP report, however, require consent to share any of an adult victim's information (where this forms part of the CIP request) to assist with searching and gathering information about a perpetrator).

It is expected that practitioners inform their clients who are victims of family violence they have requested a CIP report about the alleged perpetrator, unless it would increase risk or cause unnecessary distress to the client. Practitioners can share information contained within the CIP report with other agencies and professionals, and victims of family violence, in line with appropriate legislation, including the Family Violence Information Sharing Scheme legislation.

Receiving CIP reports

Practitioners update the risk assessment and management plan based on the information provided in the CIP report and store the report in the CRM. Practitioners are required to consider what information about a perpetrator they have received from a CIP report should be shared with the victim or other information-sharing entities for the purposes of risk assessment and risk management (in relation to client or other people).

The practitioner who initiated the CIP request maintains responsibility for:

The Central Information Point

- updating the request details if needed while the report is being prepared
- receiving and reviewing the CIP report
- taking any immediate actions identified upon receiving the report, including alerting any agencies/professionals involved with the case.

The Orange Door reviews any CIP reports provided within one business day and they are stored on the CRM.

Practitioners can share information contained within the CIP report with other agencies and professionals, and victims of family violence, in line with appropriate legislation, including the FVIS Scheme.

Practitioners are responsible for reporting any errors contained within the CIP report discovered through their work with clients, to the CIP.

Practitioners are expected to use the CRM platform as the primary communication method with the CIP. Where necessary, practitioners are able to directly contact the CIP email or telephone, to:

- clarify information provided on the report
- confirm receipt of the report or any changes to its priority or urgency
- check expected timeframes for delivering the report.

Practitioners may be contacted directly by a CIP Coordinator through email, phone call or by including in the CIP report overview instances where the information being gathered indicates a need for immediate consideration or action by The Orange Door. This could include where the CIP has initiated an urgent action (contacted emergency services) or where they believe urgent action is required by The Orange Door (for example, where contact needs to be made with the victim).

The CIP aims to provide reports to The Orange Door on the day they are requested. However, this depends on the complexity of the case and the number of existing requests. The time taken to compile a report can vary considerably depending on the complexity of the case and the family violence related history of the perpetrator or alleged perpetrator.

Assessment and Planning

Summary

The Orange Door works with people to develop a deep and clear understanding of child safety and wellbeing concerns and family violence risk for all family members, including family violence in all its forms, and the risk posed by the perpetrator. Multiagency risk and needs assessment, risk management and planning and information sharing contribute to a whole-of-family approach and bring greater visibility to the perpetrator.

Assessment and planning involve working with people to identify and prioritise their support needs in relation to their risk and safety, and also in relation to their ongoing wellbeing and recovery based on:

- the outcomes the person wants to achieve (including the child's best interests)
- the services the person wants to access to help them achieve those outcomes
- how the person accesses and engages with those services.

The Orange Door practitioners use consistent processes and tools, aligned to the Best Interests Case Practice Model (BICPM) and the Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework and supported by the FVIS Scheme, CIS Scheme and the CIP.

The purpose of assessment and planning is to:

- assess the key risks and needs and to identify the high-level goals and preferences of individuals in the context of their family and community to determine the type, priority and urgency of the response
- provide planning for identified risks and safety issues
- identify the type of service response required, including whether a case manager is required, the type of service that should lead the response, and the tier of response, in relation to duration and intensity required.

Assessment and Planning within The Orange Door

Assessment

Practitioners who are responsible for assessment and planning within The Orange Door are assigned clients where they lead and undertake the assessment, safety planning and risk management actions, and form the initial service plan. The process of assessment includes:

- direct engagement with the individual and family (where appropriate) to gather information about their strengths and needs, relevant protective factors, risks and concerns and the relevant context within which these occur
- information gathering, including from other agencies and professionals (with the client's consent where required), both from those who are part of The Orange Door and the broader service system, as well as from the CIP where it is identified that information about an alleged perpetrator of family violence is required
- analysis and examination of the information gathered to identify needs, assess risks, determine safety and risk management actions, service response needed and understand the person's capabilities, preferences and long-term goals.

If the practitioner is unable to make a judgement on aspects of the service response without undertaking more comprehensive assessment and planning, they can recommend that comprehensive assessment and case planning form part of the person or family's service response.

Where necessary, the practitioner undertakes further assessment and planning – for example, when a person or family is not ready or does not wish to be allocated a service response or where their needs remain unclear.

Every assessment is informed by the integrated approaches within The Orange Door. This means that practitioners apply their specialist skills and knowledge to assessment that is informed by an understanding of practice across children and families, family violence and perpetrator services. Practitioners tailor their assessment approaches to the needs of the clients and, where appropriate, use the skills and knowledge of their colleagues and other professionals and agencies through:

- secondary consultation
- joint assessment (for example, through joint visits or appointments)
- coordination of information gathering (for example, including requesting a CIP report)
- multidisciplinary analysis and assessment (for example, through a case discussion or meeting).

These processes are particularly useful for cases that are complex, where multiple or repeated referrals have been made, that involve multiple family members, where previous services or interventions have been unsuccessful in achieving intended outcomes and/or where there are a broad range of issues and needs.

Assessment is built on the information gathered at screening and triage including:

- the risks and safety of the person or family, including the risks posed by a perpetrator of family violence
- the family and social context, which may include direct observation (for example, of children and families in the home environment)
- the holistic range of needs such as housing, legal and financial, health and education, including those appropriate to a child's age and development and their need for stability
- the person or family's strengths
- the goals and wishes of the person (where appropriate), or their motivation and readiness for change (for perpetrators)
- the services and supports that have been or are being provided across universal and specialist services.

Prioritisation

The Orange Door prioritises risk and needs assessments for cases where there is a high risk to the health, safety and wellbeing of a person or their family member even if the risk is not imminent but requires timely support to prevent their situation from escalating. Assessments focus on risk management and safety initially, followed by further assessment and planning to identify the person's non-immediate needs and goals.

Prioritised assessments are expedited, beginning within 24 hours of receipt of referral or request for support. The mode of assessment (for example, via phone, outreach or at the primary physical premises of The Orange Door) is determined based on the preferences and circumstances of the person or family and the optimal mode to achieve effective assessment and planning.

Planning

Initial planning within The Orange Door primarily focuses on identifying key needs, issues and risks to be addressed by providing support or services and focus on the presenting issue or key areas of need. This process incorporates the views and goals of the person (where appropriate) and, where relevant, be informed by or coordinated with any assessment or planning for other members of the family, including children.

The initial planning for clients identifies the following:

- the presenting issue, risk or need that is to be addressed
- the proposed type of service(s), support(s) or action(s) to be implemented to address the identified issue, risk or need, including the need for any case coordination/management

- the anticipated intensity of service response required to meet the need or address the issue
- the priority of service response and identifying any critical risks should this response be unable to be provided within an identified timeframe.

This information is used to allocate, provide or refer to a service response.

In most instances, more detailed goal-directed case planning is undertaken by the service, agency or case manager the person is connected to, building on the initial assessment and plan. However, in a small number of cases, The Orange Door may undertake more detailed assessment and planning. This could be because:

- the person or family is not willing to engage with a service outside of The Orange Door
- an appropriate service response is unable to be identified without further assessment and planning
- the service response(s) identified as required is delivered by The Orange Door (for example, targeted intervention).

As with assessment, planning is informed by information gathered from a range of sources and the advice and expertise of other practitioners and practice leaders within The Orange Door team, as well as from external services. Assessment and planning are important processes through which individuals and families are engaged.

Risk Assessment and Management Panels

Where women and children are assessed as being at serious threat of harm from family violence, The Orange Door makes a referral to the Risk Assessment and Management Panels (RAMP) in the local area.

Where cases meet the eligibility, criteria outlined in the RAMP Operational Guidelines, The Orange Door follows the same referral process as specialist family violence services (i.e. complete electronic referral via Risk Information Sharing System (RISS)). RAMPs are not the sole or primary response to serious and imminent threat, and with high risk cases The Orange Door undertakes its usual functions to provide immediate crisis responses, risk management (including safety planning), needs assessment and planning, and referral to support services (in particular, to specialist family violence services).

The Orange Door supports the RAMP Coordinators in developing and supporting collaborative approaches and strong partnerships between organisations in the local area to strengthen family violence risk assessment and management. RAMP Coordinators have the opportunity of working from The Orange Door, as well as from specialist family violence services, to ensure that they can engage closely with both family violence assessment and case management teams. This enables regular liaison and consultation with key family violence assessment and support workers.

Cohort

Practitioners undertake assessment and planning for all clients where, through screening and triage, it has been identified that:

- they potentially require a service response(s) that The Orange Door should provide or connect the person or family to
- assessment and planning is required to determine the most appropriate supports or service responses (the needs were not immediately apparent or discrete, multiple service responses are likely to be required or there is a need for more intense and coordinated initial engagement with the person or family).

Each individual within a family may require assessment and planning to be undertaken, and by different practitioners. In these instances, the team leader facilitates one practitioner to take on a 'lead' role to ensure that assessments are coordinated and that contact with the family is streamlined where appropriate.

Workforce

The Orange Door practitioners have extensive skills and expertise in risk assessment and management of family violence risk, and in child safety and wellbeing.

The Orange Door practitioners build trust and rapport, engage perpetrators of family violence to assess the risk they pose, explore and assess key issues and safety risks, and develop a proposed initial plan that addresses the client or family's safety and wellbeing goals.

If there is or has been involvement of Child Protection, the Senior Child Protection Practitioner may be involved in the assessment either as part of a multiagency meeting or through secondary consultation.

If the client identifies as Aboriginal, they are offered the involvement of the Aboriginal practice leader or worker in the assessment and planning process (either to provide secondary consultation or direct involvement).

Practice leaders offer a secondary consultation to support practitioners' assessments where required.

Practice tools, frameworks and guidelines

The Orange Door practitioners use tools to support decision making that takes into account the risks and needs of women, children and families, the risk posed by perpetrators of family violence and the parenting capabilities of parents where there are child safety and wellbeing concerns.

The Orange Door uses the MARAM Framework. Practitioners perform assessments of family violence in accordance with the MARAM Framework's tools and practice guides. All practitioners within The Orange Door are responsible to align to all ten responsibilities under MARAM.

The Orange Door recognises children as victim survivors of family violence in their own right. Practitioners undertake assessment of the safety and wellbeing of children in line with BICPM for all cases involving children and young people. The Orange Door also assesses family violence risk to children in line with the MARAM Framework.

The MARAM practice guides support professionals in understanding their roles and responsibilities in assessment, risk management and safety planning at different stages and provide guidance for workers undertaking risk assessments for all family members, different types of family violence, and across the spectrum of seriousness and presentations of risk.

Practitioners at The Orange Door use these tools and practice guides to support decision making that takes into account the risks and needs of women, children and families and the risk posed by perpetrators of family violence.

The Orange Door focuses on bringing the perpetrator of family violence into view. Assessment and planning seeks to manage the risk that he poses, rather than placing the burden of risk management on women and children.

Family Violence Multi-Agency Risk Assessment and Management framework

Supporting organisations and professionals in their implementation of the MARAM Framework, Family Safety Victoria has developed a suite of practice guides and tools to assist professionals and organisations to undertake family violence risk assessment and management appropriate to their service role. [The Family Violence Multi-Agency Risk Assessment and Management Framework \(MARAM\) Victim Survivor Practice Guidance](#) includes a *Foundation Knowledge Guide* (to be used by all professionals regardless of their role) and the *Responsibilities for Practice Guide*, which is structured against the ten MARAM Framework responsibilities spanning respectful, sensitive and safe engagement, identification and screening, intermediate and comprehensive risk assessment and management, information sharing, secondary consultation and referral and contributing to coordinated and collaborative risk management including ongoing risk assessment. The Practice Guidance underpins all the MARAM responsibilities, and is core to building a shared understanding about family violence. The Tools for Risk Assessment and

Management (TRAM) is an online platform that hosts the suite of MARAM assessment tools, and is accessed by The Orange Door through the CRM.

Timing and duration

The Orange Door undertakes initial assessment and planning for clients where identified as required through the screening and triage process.

Assessments and plans must be reviewed when additional or new information is received while The Orange Door is working with the client, and updated if necessary.

Ongoing review and assessment is critically important for cases that:

- are not currently receiving a service response (as part of active support and risk monitoring)
- are judged to have the potential to 'escalate quickly' (for example, where there is a recurring pattern of intensified violence)
- have additional complexity factors that may heighten risk (for example, they live in a rural, regional or remote community).

In the future

Work is underway to co-design a child and family system model based on 'pathways to support'. The new system model will be underpinned by a high level, unifying practice framework and evidence informed practice guidance across The Orange Door, child and family services, Child Protection and Aboriginal children in Aboriginal care and care services. This work will involve the redevelopment of the Best Interests Case Practice Model, and will align with the Family Violence Multi-Agency Risk Assessment and Management Framework, to support more consistent and integrated ways of engaging and responding to the needs and risks of vulnerable children and their families.

Practice leadership

Summary

The following practice leaders are part of The Orange Door:

- integrated practice leader
- advanced family violence practice leader
- senior child protection practitioner
- Aboriginal practice leader
- service system navigators.

Service system navigators are employed by FSV to establish and maintain practice interface agreements with key services across the local service network and to resolve system access and navigation issues, including to strengthen access and responsiveness to diverse communities.

The other practice leaders provide primary and secondary consultation support and help to build workforce capability at The Orange Door. The key functions delivered by the practice leaders include:

- case-based support to practitioners within The Orange Door and family violence services, family services and perpetrator services in the area to enhance their work with clients
- professional advice and supports that builds the skills, knowledge and capability of practitioners and family violence services, family services and perpetrator services in the area.

In addition, these practice leaders:

- provide direct support to some clients, building on the functions delivered by The Orange Door practitioners.

- build on the core work and knowledge base of The Orange Door team by contributing specialist expertise and advice in relation to their 'own' specialisation. They may provide consultation to practitioners or work directly with a targeted cohort of The Orange Door clients.
- focus on supporting practitioners and core services through case-based secondary consultation and capability building.

What this looks like within The Orange Door

The practice leaders assist practitioners to better understand specific approaches, strategies and tools to support working with the range of clients. They have a sophisticated understanding of the local network of services available in their area of expertise.

Cohort

Support is available to individuals, families with children and perpetrators, as well as particular cohorts. For example, an Aboriginal practice leader are available within The Orange Door to support work with Aboriginal clients. The practice leaders support clients (except for the Service System Navigators), practitioners and families who have multiple needs, are high risk or have significant complexities.

Workforce

Practice leaders are senior practitioners or experts in their area of specialisation and have the relationships, agency, authorisation and expertise to achieve outcomes for clients.

Practice leaders work with clients, practitioners and core services staff in the area. They may also work directly with clients in conjunction with practitioners.

Practice tools, frameworks and approaches

Practice leaders work in a manner consistent with best practice in their chosen field and aligned with The Orange Door service model. They embed their specialist knowledge of service systems into the multidisciplinary and collaborative approach of The Orange Door.

Timing and duration

Client contact with the practice leaders occurs within the standard operating hours.

Practice leaders are available for secondary consultation with practitioners during the operating hours of The Orange Door.

Senior child protection practitioners³

Summary

Senior child protection practitioners are based within The Orange Door to provide expert advice regarding the safety and wellbeing of children, to provide access to information about current or previous assessments and interventions by Child Protection and to support engagement with services.

Through this connection, improved opportunities exist to provide at-risk families and children with wraparound supports to address concerns, including being able to consider the wider suite of interventions such as those mediated through police or men's behaviour change services, which can have an impact on women and children's safety. The Orange Door is also networked with Aboriginal services to ensure that the needs, preferences, cultural and community context of Aboriginal children are taken into account.

³ Previously known as a community-based child protection practitioner, as based with Child FIRST

Child Protection refers to The Orange Door where it formerly referred to Child FIRST – that is, where it does not identify a significant risk of harm but it identifies a family in need of support with the care, wellbeing and development of children and young people. People and organisations, including The Orange Door and police, continue to make reports as soon as practicable to Child Protection where they have formed a reasonable belief that a child is in need of protection from significant risk of harm.

What this looks like within The Orange Door

Senior child protection practitioners provide expert advice regarding the safety and wellbeing of children to The Orange Door team. They are able to access information about current or previous assessments and interventions by Child Protection, which supports The Orange Door to undertake assessment and planning for children and families. Senior child protection practitioners continue to work with the broader family services system.

The senior child protection practitioner's role within The Orange Door supports the work of The Orange Door team and the wider professionals in the family services, family violence services and perpetrator services systems. They are engaged by practitioners in activities to do with risk assessment and decision making for children, including unborn children, and young people where there are risks and concerns held that may escalate to significant harm. This includes participating in triage and assessment, case conferences and other multi-professional meetings, and in assertive outreach and engagement alongside other practitioners.

Senior child protection practitioners enhance the suite of responses available to children and families from The Orange Door and maximise opportunities for meaningful engagement with services. Their role with families who have repeated need for services and/or where services have failed in their attempts at engagement is key to ensuring a report to Child Protection remains as the last resort.

Practitioners within The Orange Door consult with the senior child protection practitioner when:

- they need to determine if there is any information held by Child Protection that may inform their assessment and subsequent responses to a child or young person and family
- concern is identified for an unborn child to the extent that it is likely a report to Child Protection will need to be made after birth
- they form a view that there are significant wellbeing concerns for children, including unborn, and young people that have been referred and/or risk may be escalating (consultation occurs to inform assessment, intervention options and to determine whether a report to Child Protection needs to be made)
- a referral is received directly from Child Protection intake, who have assessed it as requiring involvement of the senior child protection practitioner (known as 'enhanced' referrals).

The senior child protection practitioner determines if a report is required and is responsible for transferring these reports to the relevant area-based Child Protection team for investigation.

Cohort

Child Protection receives and assesses reports of alleged child abuse and neglect of children and young people from birth to 17 years of age including reports relating to unborn children.

Key roles for the senior child protection practitioner include:

- consultation and advice to The Orange Door on specific cases, including assistance with risk assessment and management
- consultation with Child Protection teams in relation to referrals and reports between The Orange Door and Child Protection
- education and advice for practitioners and agencies regarding statutory processes and responsibilities.

The senior child protection practitioner also supports the wider services and agencies that interface with The Orange Door, in particular, family services and family violence services.

It is not expected that the senior child protection practitioner is involved in all cases that The Orange Door work with where there are children and concerns for their wellbeing. This might be for the following reasons.

- The child is already known to Child Protection. In this case it is expected that The Orange Door practitioners engage directly with the allocated child protection practitioner. This could include where there has been a simultaneous report to Child Protection intake and The Orange Door (for example, via the L17 portal) or where Child Protection planning identifies the need for services to be accessed and allocated via The Orange Door.
- The initial identification of concerns does not indicate that Child Protection advice, information or involvement is warranted (the concerns are not assessed by The Orange Door practitioners as significant).
- The Orange Door practitioners can make a report to Child Protection at any time. If there are immediate safety concerns, The Orange Door practitioners can contact Child Protection intake directly (or the Child Protection central after-hours service).

In most cases, where practicable, The Orange Door practitioners consult with the senior child protection practitioner before making a report to Child Protection.

Workforce

The senior child protection practitioner is a delegate of the DHHS Secretary. They retain employment and practice connection through supervision and line management via the Child Protection team manager and area-based team (in DHHS).

Practitioners in The Orange Door and senior child protection practitioners work in partnership to implement effective engagement, intervention and strategies to provide services that are in the best interests of the child.

The following mechanisms are applied when working together:

- joint visits, as part of a strategy to engage clients
- case conferences and meetings to support assessment and planning and decision making
- consultations to gather information, undertake risk assessment for children, recommend interventions, review practice and support decision making.

Practice tools, frameworks and guidelines

The *Child Wellbeing and Safety Act 2005* is the overarching legislative framework that supports a shared commitment from all services working with children and families.

The *Children, Youth and Families Act 2005* places children's best interests at the heart of all decision making and service delivery. The ability of child and family services and those needed to consult with Child Protection is a key component of the legislation, which aims to:

- ensure all information relevant to assessing risk is gathered and appropriate referrals are made to support the child and family
- promote and support the partnership, interface and operation of Child Protection and family services and family violence services sectors.

All services that partner to form The Orange Door are registered community child and family services under the CYFA.

The BICPM provides the foundation for case practice in family services and Child Protection. The model includes interconnected stages of professional practice that is child-focused and family-sensitive. It is

designed to inform and support professional practice in community-based child and family services, child protection and placement and support.

The MARAM Framework also applies to Child Protection practitioners and the practice guides support their practice with children and families experiencing family violence.

Timing and duration

The senior child protection practitioner provides support during business hours. Outside of this, the Child Protection central after-hours service receive reports or information where it is believed that a child is in need of protection from significant harm.

Connecting people to the right services

The Orange Door prioritises and matches services to meet the needs of people and families as identified through screening, identification and triage; and assessment and planning.

The Orange Door connects people to services by:

- delivering service responses to people directly (immediate crisis responses, targeted interventions and brokerage)
- providing the entry point for family violence services, family services and perpetrator services ('core' services)
- linking people to broader services and supports they require.

This section of the document outlines the various service responses that people are able to access through The Orange Door, as well as the processes The Orange Door uses to connect people to these services.

The Orange Door has a role in monitoring the effectiveness of service responses and providing feedback loops at the client and system levels on outcomes and performance.

Crisis response

Summary

The Orange Door makes sure that support is provided to meet people's immediate safety and wellbeing needs in crisis situations. The Orange Door considers the needs of the person and the family and aims to reduce risk and stabilise the crisis situation. The Orange Door does not replace existing emergency services or Child Protection.

The Orange Door coordinates the practical help needed in the short term to address immediate safety and wellbeing issues – for example, making repairs and improving security so that victims of family violence can stay safely in their homes, facilitating transport and communication, assisting with essential caring responsibilities and accessing medical treatment and care or providing essential personal items, consumables or medical supplies.

The Orange Door facilitates access to crisis accommodation for victims of family violence to ensure their safety and to help identify accommodation options for perpetrators where this helps victims to stay safely in their homes where possible.

What does this look like within The Orange Door

Immediate crisis responses are identified by practitioners at any time – at initial contact, during the assessment process or while a person is receiving a service response.

Where practitioners identify an emergency response is required (for example, where someone is (or at direct threat of being) injured or where a crime is in progress) they will contact emergency services (triple zero - 000) to provide a response.

Determining the need for a crisis response from The Orange Door is based on the following questions:

- Is there a likely risk to the person's wellbeing or safety that, if unaddressed, may result in harm to the person in the short term (24–48 hours)?
- Is the person (or their caregiver) unable to take reasonable actions to reduce that risk? (this could be due to the perpetrator's behaviour, a lack of available resources or limited capability or capacity due to disability, emotional or mental state)

- Are there no reasonable alternatives, including a person's natural supports (such as friends and family), who can provide the required support to reduce the risk?
- Is there a response or action that can be implemented that could reduce or eliminate the risk?

Immediate crisis responses is guided by the following principles:

- The response can reasonably be expected to reduce or eliminate the risk.
- Where appropriate, the response supports and encourages the person or family's agency and self-management capability, and to the extent possible, discourages dependence on crisis responses.
- The response or support is not required indefinitely; that is, it is either a 'one-off' intervention (for example, locks changed) or there is a plan for future service provision (for example, motel accommodation pending an assessment or application for longer term housing).
- The response is not replacing an alternative support that should be available or used to address the risk (for example, funding medical services or supplies that are available through the publicly funded health system).
- The response is to the level required to address the immediate issue, with additional or more extensive responses and support considered as part of further assessment at follow-up.

Immediate crisis responses are directly provided or arranged by The Orange Door during business hours. This is in response to direct contact by the person who requires the response (in person or by telephone), or where a request for immediate assistance is received (by telephone) from a professional or concerned family, friend of community member. In instances where the request is received from a third party, The Orange Door worker confirms the person's agreement/consent for its involvement.

After-hours responses

After-hours responses continue to be delivered or coordinated by existing services. In most instances, The Orange Door follows up with the person or family who received a crisis response once the situation has been stabilised to undertake further assessment and longer term planning (usually the following day).

Where the crisis response was delivered or coordinated by an after-hours service, detail of the response is provided to The Orange Door for follow-up during business hours (subject to the person's consent where appropriate).

Where The Orange Door or after-hours service has delivered or coordinated a crisis response for a person or family that is already engaged with a support service (for example, there is a case manager already allocated), The Orange Door confirms that it is appropriate for this support service to conduct the follow-up assessment and case plan review and request that this occurs. If The Orange Door is providing a business-hours crisis response to a victim-survivor that requires an after-hours response, they contact the statewide after-hours service to undertake a handover.

A significant element of delivering crisis responses is providing accommodation. The Orange Door provides access to crisis accommodation for people experiencing family violence through:

- dedicated family violence refuges and accommodation
- temporary or emergency accommodation as part of the homelessness service system
- privately provided accommodation (for example, through private rental brokerage).

These options are both within The Orange Door area and across areas where this is necessary to maintain safety (either temporarily or permanently).

When identifying the need for crisis accommodation, practitioners also consider longer term or permanent options and access these where available and appropriate as a first response.

In the future

The Orange Door will have up-to-date access to current vacancies statewide across family violence crisis accommodation options.

There will be a standard process for determining eligibility and prioritisation so that resources are matched to people's needs as far as possible.

The Orange Door will work with providers to develop local protocols and procedures for accessing other accommodation, including agreements with private providers as necessary. This work will include a range of housing options to try to identify stable and longer term options as a first response where possible and accommodation options that are suitable for people with specific needs (for example, women with disabilities and young people).

Determining the type of support depends on the nature of the crisis issue. Some examples include:

- arranging for a locksmith to visit the home of a victim of family violence and replace or install improved locks or provide personal safety responses and technology (through the personal safety initiative)
- providing public transport cards ('mykis') or taxi vouchers to attend a critical appointment
- providing SIM cards or use of telephones and internet that are unable to be monitored by a perpetrator of family violence
- providing food vouchers or parcels, including infant supplies such as nappies or formula
- providing medical supplies, personal items or consumables
- assisting to arrange childcare or collection/pick-up of children from school
- assistance to access crisis welfare payments
- booking alternative accommodation such as a motel room.

Cohort

Crisis responses are available or provided for clients of The Orange Door. This includes people experiencing family violence, families where there are concerns for the wellbeing, safety and development of children, and perpetrators of family violence.

Crisis responses in relation to victims of family violence (women and children) are primarily where there are imminent risks to their safety and stability; however, the nature of the response might mean that it is provided to the person directly or to others who are helping to reduce risks (for example, lending a child car seat to an extended family member to enable them to transport a child). This may also include assisting a perpetrator of family violence to locate alternative accommodation to reduce the risk of returning to the victim's home.

The Orange Door does not provide crisis responses to people who are not experiencing risks to safety that are related to family violence or where there are no concerns for the safety, wellbeing and development of children. In instances where The Orange Door worker identifies immediate risks to safety arising from other issues or concerns, workers either directly engage the appropriate service response for the person, or help the person to connect with the service themselves.

Workforce

Practitioners identify and assess any immediate crisis needs and arrange the appropriate supports.

In some instances, this support is provided to people by The Orange Door team directly, otherwise The Orange Door engages other services (for example, housing) or subcontracted professionals (for example, repairs, changing locks) who deliver these responses. The Orange Door practitioners are responsible for coordinating the actions and ensuring they are put in place and are effective.

Practice tools, frameworks and guidelines

Program requirements for The Orange Door brokerage available at: <https://www.vic.gov.au/orange-door-practitioner-resources>

Timing and duration

Crisis responses are delivered as soon as practicable.

Crisis responses are generally of an isolated and short-term nature, but followed up with ongoing assessment, support and safety planning. Following a crisis response, The Orange Door follows up with the individual or family within 24 hours or when the situation has stabilised.

Targeted interventions

Summary

Targeted interventions are service responses that are delivered directly by The Orange Door to meet a client's needs. Targeted interventions are used to help families self-manage, stabilise a situation and support and engage people while they wait for a longer term response.

Targeted interventions are used at any point of a client's engagement with The Orange Door and often occur alongside assessment and service planning. Targeted interventions are part of The Orange Door approach – they are not delivered separately or by different people. Targeted interventions are delivered by The Orange Door practitioners and may be delivered at the primary premises of The Orange Door, other locations of The Orange Door as part of outreach or over the telephone or other access modes, for example, online.

Interventions are delivered to achieve a range of different objectives. Practitioners work with their client to plan the most appropriate intervention. Possible interventions include:

- providing information and advice
- coordinating services for people who are generally able to self-support (for example, navigating the legal system, linking people to the universal service system, providing advice on local services)
- goal-directed, discrete interventions that supports behaviour change or harm minimisation.

What this looks like within The Orange Door

Targeted interventions can be provided to all clients of The Orange Door (women, children, perpetrators of family violence, and families). The type of intervention offered is tailored to each circumstance and the desired objective of the intervention. Receiving a targeted intervention does not make clients ineligible for a longer term response from core services or the broader service system.

Targeted interventions are provided for the following reasons:

- To meet an identified need without requiring more extensive or specialised support (diversion away from the service system). Where safe and appropriate, targeted interventions are used to help people who can self-manage and navigate the service system themselves or whose needs are able to be met through a direct task or intervention (for example, lodging an application for housing assistance or concession). This may mean providing information and options about or supporting people to access universal or community services (for example, playgroups or community health care).
- To engage a client or family in the service system. This includes providing information and advice focused on goals or needs that are a high priority for the client to encourage or provide an opportunity to develop further trust in the worker and the service system to address other issues, or by providing a regular contact point for someone who is contemplating seeking help.

- To provide support and engage clients in place of other services. This includes providing regular follow-up or monitoring of risk and needs while a client or family is waiting for a more intensive response. For perpetrators, this may include telephone counselling focused on readiness to engage in services using motivational interviewing techniques.

Targeted interventions support clients/families experiencing family violence and provide early help in addressing child safety and wellbeing issues. This includes peer support activities and additional support to access universal services and 'in-reach family services intervention' that support early identification and an early response to child vulnerability by building family capability.

Target group

The target group for targeted interventions is broad and largely dependent on the objective of the intervention. They include:

- **diversion** – women, children and families who, with some support, can successfully self-manage and be prevented from requiring more intensive or specialist services (this may include families who require some additional and early help to prevent escalation of risk)
- **stabilisation** – all clients of The Orange Door, particularly women and children
- **engagement** – all clients of The Orange Door, including perpetrators of family violence, to promote engagement or to 'monitor risk and actively engage with people while they wait for a longer term response.

Workforce

The Orange Door practitioners provide targeted interventions.

Practice leaders provide advice to workers on appropriate targeted interventions to meet different needs.

Timing and duration

Targeted interventions are designed to act as immediate 'stop gaps' to meet identified needs. Targeted interventions may also form part of a suite of broader assistance to be delivered, including longer term service responses provided by specialist or universal services.

In the future

Co-location of services with The Orange Door will be determined by each local area and reflect the assessed needs of that area. When determining a suitable location for The Orange Door, the opportunity for co-locating other services will be considered as a desirable, but not essential, criterion. Co-locating other services could include universal and community services such as community health and maternal child and health, as well as specialist services such as family violence, family services, legal assistance or housing and homelessness services.

Co-located services will be available to provide on-the-spot secondary consultations for The Orange Door practitioners. Some service delivery will take place at co-located services, offering an access point into The Orange Door, as well as a service pathway from The Orange Door.

Brokerage

Summary

The Orange Door helps people to access the services or practical supports they need to be safe and address underlying challenges to their recovery, stability and wellbeing.

The Orange Door has access to brokerage (flexible support packages) so that supports can be arranged to meet the needs of individuals and families, rather than people being allocated a predetermined service mix.

The Orange Door has access to brokerage, with two main functions:

- immediate support – immediate brokerage funding to help people to stabilise and/or divert from the system that is unconnected to a case plan
- brokerage support that is linked to assessment and planning.

The Orange Door brokerage is used to:

- address the immediate needs of people and families
- enhance their safety, stability and development
- provide practical support earlier in the service delivery system, such as at access and intake
- divert them from entering further into the service system if this is not needed
- proactively engage them to enter the service system where required.

The principles underpinning the use of brokerage are that it:

- is strengths-based, where possible
- is culturally appropriate
- is underpinned by accountability and informed by the outcomes framework
- considers the needs of individuals, children and families from diverse backgrounds
- focuses on and prioritises safety and wellbeing in the context of family violence
- addresses children's needs in their own right
- is tailored to the individual or family and is informed by their needs and preferences.

What this looks like within The Orange Door

The Orange Door brokerage

Brokerage can be used to arrange specific supports as part of crisis and longer term responses including:

- housing and accommodation, such as private rental assistance, relocation costs and furniture needs
- safety and security supports, such as lighting, alarms, CCTV and mobile phones
- health and wellbeing supports, such as counselling and medical costs
- child development and safety requirements, including age-appropriate toys and education items, school uniforms or books and therapeutic supports
- independence support, such as education and training courses, care for dependents (including pets) and outings, financial planning and legal advice.

Target group

The Orange Door brokerage is used to support clients of The Orange Door.

Workforce

The Orange Door practitioners apply for brokerage on behalf of their clients.

Practice tools, frameworks and guidelines

Program requirements for The Orange Door brokerage The Orange Door brokerage guidelines are available at: <https://www.vic.gov.au/orange-door-practitioner-resources>

Allocation of core services

Summary

The Orange Door is the central entry point for women's and men's family violence services and family services, which are often the core ongoing support services for women, children and young people experiencing family violence, perpetrators and families in need of support with the care, development and wellbeing of children and young people.

Allocation refers to the process for allocating core services to clients for a service response. The Orange Door works closely with these services to ensure that the transition to these services is as seamless as possible.

As the central entry point for core services, The Orange Door is able to:

- identify the appropriate service and agree this with the person or family
- confirm that the person is eligible for the service and determine their access priority
- check the current capacity and availability of the service
- directly allocate services to the person – for example, making and confirming an appointment with a worker, 'reserving' a place in a group session or booking accommodation.

What this will look like within The Orange Door

The Orange Door is the central entry point for allocation of the following core services:

- family violence women's services (family violence case management and outreach)
- integrated family services (including family support, family preservation and family reunification services)
- family violence men's services (men's behaviour change programs and case management).

Allocation of The Orange Door begins with The Orange Door partner organisations at a minimum and will include other services over time to be part of an allocation process.

Allocation to services will be based on the initial assessment and plan that has been developed for the individual and, where appropriate, their family. The assessment and plan to inform allocation may be created by The Orange Door, by a networked service (for example, where someone has directly approached a core service) or by Child Protection (for example, where their case planning has identified the need for a family services response).

The allocation process enables The Orange Door and core services to work together to make best use of the range of service resources to meet the needs of the people and families accessing services in their area.

Where it is identified that a core service response is required, The Orange Door:

- allocates to urgent or priority cases within one day, with all other suitable cases allocated services within one week
- clearly allocates the responsibility to either The Orange Door or core services to provide active engagement and risk monitoring while the client is awaiting a more extensive service response
- provides the identified service with the client's assessment and plan and any other relevant information.

Identifying the need for a core service response may occur as part of screening or following assessment as part of the planning process. In many instances, where the case is assessed as high priority, the core service required will be readily apparent, and where there is an identified suitable provider with capacity, this will be allocated directly by The Orange Door. This approach is to be used where there are factors indicating a need to allocate the service response promptly to reduce risk, such as allocation for family violence services.

Some clients may directly approach services or be referred from other programs – particularly where people have an existing relationship with an agency or worker. In this case, the person would not be rescreened by The Orange Door but would be assessed and allocated as appropriate.

To support the allocation process, core services will:

- accept the allocation and agree to provide a service
- confirm their ability to provide active engagement and risk monitoring if this is allocated
- receive the assessment and plan to ensure that the client is not reassessed.

Where the core service believes they are unable (for example, due to capacity changes) or unsuitable (for example, due to a conflict or lack of the appropriate skills and knowledge) to provide the service to the client, they should notify The Orange Door immediately on allocation. Where there is a dispute about the allocation that cannot be resolved between the parties, either party can escalate this to the FSV Hub Manager for resolution.

The process will support consistent decision making and prioritisation of case allocation. To achieve this requires:

- the ability for The Orange Door and core services to maintain a view of the demand for services (number of cases that require allocation) and the capacity of the system (the number of cases able to be supported or 'places' available in a program or intervention)
- collective responsibility between The Orange Door and core services for managing demand and providing services for all clients in the area
- agreed principles to guide prioritisation and decision making for case allocation.

Principles to guide the prioritisation and allocation approach include:

- prioritising allocation on the basis of risk level and need – with consideration to be given to balancing complexity, level of risk, opportunity for effective intervention, type of intervention, timeliness of response and prevention of risk and needs escalating
- seizing the opportunity to intervene early
- taking into account a client's choice, wishes and preferences
- undertaking active engagement and risk monitoring for clients in the event that:
 - (a) a service response is identified as needed; and
 - (b) they are unable to be allocated a service response immediately, so that risk is regularly monitored.

This may be delivered by The Orange Door or by a core service or in partnership with a referring agency (for example, maternal and child health).

To support this, The Orange Door and core services will provide information about demand and capacity to FSV and the Hubs Leadership Group on a weekly basis. The Orange Door will also be required to hold information about the core services, what they offer, including types of programs, any specialisation they have (for example, with specific client cohorts) and any eligibility or program requirements they work within. The Orange Door will use this information to identify the appropriate service when allocating.

Where assessment and planning identifies a need for multiple services, or where the appropriate lead agency response isn't readily apparent, or where there is limited service capacity to meet the identified needs, The Orange Door and relevant core services will undertake collaborative decision making to determine how the case is allocated. This could be through regular or scheduled face-to-face or virtual meetings (for example, weekly) or discussions organised on an as-required basis.

To support the allocation process, it is expected that The Orange Door and core services regularly review and monitor the effectiveness of the allocation mechanism, the management of overall demand and capacity across the system, and work together to problem solve and coordinate system improvements.

These processes will support effective and efficient allocations to ensure the transition between The Orange Door and core services is as seamless as possible for clients and that clients receive the services that are right for them in a timely manner. FSV will continue to work collaboratively with core services to further develop the systems and processes required to create an allocation system that supports these aims.

How The Orange Door is managing demand

Increasing demand is a significant challenge facing the family violence and family services system in Victoria. Together, *Ending family violence: Victoria's plan for change* and the *Roadmap for reform* outline a reform vision that ultimately aims to ensure that all people experiencing family violence or risks to child safety and wellbeing receive the help they need.

Across the family violence and family services reform agendas, a range of activities are contributing to addressing the demand challenges in the system:

- significant additional investment in the family violence and family services systems (\$572 million in the 2016–17 State Budget and \$1.91 billion in the 2017–18 State Budget)
- prioritising primary prevention, which will stop family violence before it starts and lead to reduced demand for services in the long term
- strengthening capacity and embedding a shared responsibility for identifying and responding to family violence and families in need of support with the care, wellbeing and development of children and young people across universal and secondary services, through the embedding of the MARAM Framework, and reforms in the Children and Families service system.

Demand for family violence and family support services will continue to increase for the medium term as greater awareness leads more people to disclose issues and seek support. Establishing The Orange Door offers a unique opportunity to reform the system to support greater efficiency in service delivery through the view of overall system demand and capacity and its role in helping to coordinate and organise system responses.

The Orange Door aims to help the service system move from managing demand to meeting demand.

The service model was designed with a view to addressing key demand pressures within the service system. The Orange Door helps to improve service system flow by:

- offering early intervention responses that prevent escalation
- streamlining processes (for example, effective assessment and planning makes service allocation swifter, more successful and less costly)
- providing readily accessible information, advice and targeted interventions to enable clients to support self-management and reduce the need for more intensive support
- reducing duplication within the system (through centralised intake, information and service allocation)
- providing more effective interventions that prevent recidivism, and monitoring outcomes to help identify what interventions are effective
- fostering a culture of continuous improvement in processes and practice
- building partnerships and collective responsibility for the service system and client outcomes in each area through collaboration and coordination of effort.

The Orange Door has an important role to play in system coordination and oversight to help project and plan for demand.

The Orange Door and core services are required to report on the number of clients, service allocations and capacity to support a shared understanding of demand across The Orange Door and core services. FSV will collect and analyse this data to build a clear picture of demand drivers, blockages and gaps across the system. Information will be used to inform reporting that is shared with the Hubs Leadership Groups in local areas.

FSV continues to develop system supports to assist with managing demand. These will help to build a shared understanding of and commitment to:

- flexibility and commitment to applying demand-management strategies, including the requirement to adopt multiple strategies
- open and transparent decision making within a respectful environment where demand management is a collective responsibility
- building internal capability in problem solving, data analysis and service flow improvement methods
- where necessary, contingency arrangements so that appropriate trigger points and management strategies are agreed before demand pressures emerge.

How The Orange Door is managing demand

This system oversight capability will facilitate greater transparency and will enable FSV, The Orange Door and services to work together to institute timely and effective solutions when blockages, gaps and demand pressures emerge.

Referrals to services

Summary

The Orange Door supports people to navigate and connect with the broader range of services that may be required to meet their needs. The Orange Door makes warm referrals – that is, referrals that support the person to connect to services. Warm referrals can include phoning the service for the person, passing on information to the service with the person’s consent and, in some cases, where people need more support, helping them to navigate the service system. This approach supports consistent and collaborative practice under the MARAM Framework and practice responsibilities for information sharing, secondary consultation and referral.

The Orange Door is developing clear pathways and arrangements with key services at the statewide and local levels, such as:

- early childhood, including maternal and child health services
- Aboriginal services
- courts and tribunals, including court programs such as the Court Integrated Services Program, Aboriginal programs and family violence practitioners in specialist family violence courts
- legal services
- financial counselling
- homelessness and housing services
- tenancy services
- youth services, including services that work with young people in contact with the criminal justice system
- health services, including mental health and drug and alcohol services, forensic services, community health, and hospitals
- Centres Against Sexual Assault (CASA)
- Victims of Crime Helpline and the Victims Assistance Program
- schools
- training and employment services
- Centrelink
- Consumer Affairs Victoria
- services for older people
- multicultural services
- disability services
- Corrections Victoria
- services that support families where adolescents use violence in the home.

What this looks like within The Orange Door

Most referral pathways between The Orange Door and services are two-way; that is, they address the needs of The Orange Door and services to refer people and families to each other. Some pathways are developed and agreed at the statewide level, while others are at the area level. Pathways at the area level are developed with individual services or providers, or with a relevant network or partnership (for example, a Primary Care Partnership). These pathways will be agreed and some will be formalised over time.

Practitioners use their knowledge of the network of services within their area to identify the most appropriate service to meet the client or family’s needs. The Orange Door works with local providers to

develop a strong understanding of the local network of services available. This includes collecting and storing the following information about each service in their local area:

- name of the service provider and how to contact them
- the range of services/programs/initiatives on offer through this provider, and the key features and benefits of each
- the target population or cohort, mode/location of service provision (including an address if a physical location) and the language(s) it is provided in
- opening hours of the outlets through which each service is provided and directions, transport information and proximity to public transport
- eligibility criteria, waiting times, limitations and barriers (for example, whether conflict checks are undertaken in relation to legal referrals and geographic catchment)
- admission and referral policies and procedures, costs/fees and acceptable methods of payment
- competence in providing services appropriate to the client's culture, language, sex, sexual orientation, age and developmental level, including information on strengths and specialist areas.

Practitioners use their experience of working with the client or family to identify possible barriers that a client may experience in using another service and, where feasible and appropriate, work with the service and/or client to find ways to overcome these barriers. Such barriers may include:

- lack of information about services and what is available
- lack of client capacity or interest in taking up the referral
- wait lists that are too long to meet the client's needs
- cost
- lack of child care
- cultural or language barriers
- accessibility and ability barriers (including physical access and transport, as well as communication accessibility)
- communication barriers (for example, lack of access to a phone or the internet)
- stigma associated with using the service or lack of anonymity
- paucity of suitable services in the geographic area.

As much as possible, practitioners look for opportunities for people to utilise universal services to meet their ongoing needs, build on the strengths of their client and avoid the need for intensive support.

In making referrals to services, practitioners:

- where appropriate, respect the client's choice and control about accessing the service, and encourage and/or build the client's capacity to self-manage the referral and access to the service
- where necessary, provide support for the client to make initial contact with the service (this could mean calling on the client's behalf or meeting with the client and the service(s) together)
- make sure that any information gathered during the screening and assessment process is transferred to the service in an accurate and timely fashion (with consent where appropriate) (this improves the service's ability to provide the client with the appropriate support and avoid clients having to 're-tell their story')
- confirm, to the extent possible, that the service is available and suitable for the client
- undertake, or support clients to undertake, any eligibility or assessment process required (for example, the initial screen for alcohol and other drug problems, the online housing options finder and application for the Victorian Housing Register, or an application for grants of legal assistance)
- follow up with clients to ensure they have connected into the service they need, and identify an alternative service option if required.

Formal interfaces exist between The Orange Door and Magistrates' Court of Victoria, Victims Support Agency, Child Protection and Integrated Family Services, Men's Referral Service, RAMPs and Victoria Police. These are available at: <https://www.vic.gov.au/orange-door-practitioner-resources>

In the future

Over time, The Orange Door may seek to formalise more referral pathways and interface arrangements with other services. Developing these interfaces is informed by the network of services that exist, demographic trends, service gaps and opportunities for collaboration.

Formal interfaces between The Orange Door and other services could include elements such as:

- co-locating services or establishing a tailored access point at another service
- outposting The Orange Door practitioners at the service location (for example, a court or housing service)
- sharing IT systems or using standardised referral forms, portals or systems to transfer information.

Target group

Clients who access The Orange Door are referred to the most appropriate service in their local area where it has been determined that they need support from services beyond the core services – family services, family violence services and men's/perpetrator services.

Workforce

Practitioners have the skills and knowledge to be able to refer to the range of broader services in the area.

Practitioners undertake secondary consultations with practice leaders and workers from the range of services within their local area to help identify and connect clients to the right service where required.

Practitioners are able to provide information and advice to other services to help them to identify family violence and child safety and wellbeing concerns and identify when they should refer to The Orange Door.

Timing and duration

A referral from The Orange Door to a broader service could happen for a client at any point while they are involved with The Orange Door.

Clients whose needs and circumstances do not fall within the scope of The Orange Door (for example, where there is no family violence present or no concerns regarding children's safety, development and wellbeing) but who require a service response are supported to connect with the most appropriate service.

The referral process is swift. In urgent cases, a referral should be completed as soon as possible.

Clients retain the option of re-contacting The Orange Door if the service doesn't meet their needs or if they need additional support.

Review and monitoring

Summary

The Orange Door has a key role in helping to ensure that services are effective and positive outcomes for clients are maximised.

The Orange Door plans for, and supports people to, exit The Orange Door and service system, whether they require a service response or are exiting the service system altogether because they no longer need a service. The Orange Door will seek to monitor case plans and client outcomes through strong feedback loops with core services and improved data and information systems to collect information about the status of referrals and interventions provided to clients, as the model evolves over time.

These systems and functions will take The Orange Door beyond being merely a 'front-door' to a siloed service system and helps drive integration and more effective service delivery throughout a person or family's experience.

What this looks like within The Orange Door

The Orange Door reviews cases where they directly provide interventions or remain involved. This aligns with the MARAM Framework (contribute to coordinated and collaborative risk management including ongoing assessment) and may require regular reviews (for example, daily) for high-risk cases or a review at the end of a targeted intervention. The process of reviewing:

- maintains ongoing communication with the client/family and any relevant workers to ensure improvements in safety and wellbeing are being implemented and achieved
- obtains new information to update risk and needs assessments
- leads to a timely and appropriate response to new or emerging issues
- proactively identifies barriers to engaging with a client and/or family.

When monitoring and reviewing a case that involves children, it may be necessary to:

- visit the family to see the children, looking for evidence of improvement or deterioration
- obtain feedback from the child or young person directly
- contact universal services and other services working with the child or young person to obtain information about the child's wellbeing and safety.

In most cases, reviews are conducted by the core services or broader services that provide a response. The Orange Door is developing systems to create feedback loops that capture information about the interventions and services provided to improve the safety, welfare and wellbeing of the client and/or family.

Monitoring helps to identify any barriers to achieving the client's goals so that strategies can be introduced, or existing strategies modified, to overcome them. It also helps to ascertain whether the client or family's needs have changed over time.

This will help the service system to better understand and monitor whether:

- services are being provided in the way specified in the case plan
- needs have changed
- there are any barriers to service provision
- reassessment and/or changes to safety and support plans are necessary
- the client/family is still actively engaged.

Monitoring and reviewing cases at the individual level will help in gathering intelligence about overall system performance. This intelligence allows gaps, blockages and systemic issues to be identified and

resolved. It also facilitates a better picture of demand across the system, which can be used to inform planning for the future.

Case closure

In the context of The Orange Door, 'closure' may mean from the service system altogether, or from The Orange Door to another service (an allocation or referral). Circumstances in which people and families cease their involvement with the Orange Door may include:

- a client decides not to engage with The Orange Door, or withdraws their involvement (and there are no residual risks that need to be addressed)
- a client has received a service delivered directly by The Orange Door (e.g. a targeted intervention) and does not require any other services
- a client moves to another department area, interstate or overseas
- a client (for example, a perpetrator) is sent to prison, or is otherwise engaged in another service system.
- a client dies.

The Orange Door practitioners consider:

- how the client is preparing for their case closure (this may be particularly important if the client has built a strong working relationship with The Orange Door practitioner or team)
- how the client continues to be supported, if necessary, by other agencies or informal support networks
- any relevant arrangements for transitioning to ongoing support from other agencies, including transferring relevant information
- the need to undertake any further risk assessment and management planning, including activating statutory responses where required to reduce risk
- where appropriate, using persistent outreach strategies to try to re-engage the person or family or confirm that they are not at high risk
- whether there are any issues with the services being delivered that can be addressed to better respond to their needs.

Where a client's case is to be closed, The Orange Door practitioners ensure the client is provided with the relevant information and options to be able to continue to manage their risks and needs and that they are aware of how to re-access The Orange Door at any time.

Target group

Review, monitoring and closure occurs for all clients of The Orange Door. Review and monitoring occurs for clients whilst they remain directly engaged with The Orange Door.

Monitoring and review is prioritised for clients who have acute needs or are at high risk. This may include recidivist clients, or those assessed as having significant risks to their safety or wellbeing.

Workforce

Practitioners undertake closure planning, monitoring and review for eligible cases. Practice leaders are consulted as required, particularly in relation to decisions about whether a case should be 'flagged' for review, and whether closure is appropriate where risk is unable to be ascertained or managed effectively.

Practice tools, frameworks and guidelines

Practitioners use the CRM to record the outcomes of review and closure.

Timing and duration

Review and monitoring is limited to the duration of a client's engagement with The Orange Door. Once a client has been allocated a core service and/or referred to a service in the broader system, responsibility for 'monitoring' shifts to the relevant service.

Links to the broader system

Interface with Child Protection

To be read in conjunction with the [interim service interface document between Child Protection and Integrated Family Services and The Orange Door](#).

Summary

The Orange Door and Child Protection have distinct roles in supporting families and preventing harm to children.

The safety and protection of children is a shared responsibility between parents/families, the community, universal services and, where extra support is needed, secondary and statutory services working in partnership.

Child Protection is the statutory service within DHHS that is responsible for intervening when parents/families and universal and secondary services are unable to ensure the safety and wellbeing of a child.

The Orange Door provides a coordinated intake for a range of child and family services, as well as close connections to the other justice, health and social services that support better outcomes for children and families at risk.

By providing a trusted and effective alternative to Child Protection, people referring children and families to The Orange Door can feel confident that appropriate action is taken outside the statutory system so that child safety and wellbeing concerns can be addressed earlier. This allows the statutory system to focus on areas of greatest risk and ensure it is exercised only to the extent necessary to keep children safe.

Child Protection refer to The Orange Door where it previously referred to Child FIRST – that is, where it does not identify a significant risk of harm but identifies a family in need of support with the care, wellbeing and development of children and young people.

People and organisations, including The Orange Door and police, continue to make reports to Child Protection where they have formed a reasonable belief that a child is in need of protection from significant risk of harm.

Child protection practitioners also provide practitioners in The Orange Door with specialist advice, where needed. They play a key liaison and monitoring role where families are engaged with family services and other support services through The Orange Door as part of the case plan for a child and family subject to Child Protection intervention.

Child Protection continue to participate in RAMPs.

What this looks like

Referral pathways

People who form a reasonable belief that a child has suffered or is suffering significant harm should report these concerns to Child Protection, while also conducting a family violence risk assessment to identify if family violence is present. This includes people who are legally obliged to report suspected child abuse ('mandatory reporters'⁴). Where The Orange Door receives referrals that they believe

⁴ The *Children, Youth and Families Act 2005* (CYFA) and the *Family Law Act 2005* (FLA) require certain professionals to report child abuse to child protection

constitute reports that should be reported to Child Protection, they directly advise the referrer that they should make the report to Child Protection directly and support the referrer to make contact with the relevant area-based Child Protection intake service (including after-hours where appropriate). It is not expected that The Orange Door practitioners verify that a report has been made by the referrer.

In instances where a referrer indicates they will not make a report as advised, The Orange Door practitioners determine whether they make a report based on the information provided by the referrer. This decision takes into account whether The Orange Door practitioner has been provided with sufficient information (for example, the child at risk of harm is able to be identified) and is confident that the information provided is authentic.

The Orange Door is the entry point for a range of supports and services for families needing support with the care, wellbeing and development of children. Where Child Protection intake identifies that a report made to them is related to concerns about child wellbeing, they endeavour to support the person or referrer to contact The Orange Door in the area, or transfer the referral directly (for example, where a written referral is made). The Orange Door works with children and families where permanent care orders are in place and Child Protection is no longer involved.

Child Protection receives L17 referrals from police where they have assessed that a child is in need of protection related to family violence. In many cases, this is alongside L17 referrals to The Orange Door for both or either an adult victim and perpetrator of family violence. The L17 referral and portal provides visibility to The Orange Door practitioners and Child Protection intake that these referrals have been made, and The Orange Door practitioners and the child protection practitioner reviewing or actioning these referrals make contact with each other to coordinate actions for these cases.

During the Child Protection investigation phase, the child protection practitioner may identify the need for support and services to be accessed via The Orange Door. Where this is identified at a preliminary stage of investigation, The Orange Door reviews the referral and information provided by the child protection practitioner and undertake any further assessment warranted. Where the practitioner has undertaken more detailed assessment – for example, when the report has been substantiated – this need for services is captured in a case plan that is developed and managed by Child Protection and is shared with The Orange Door. In these instances, The Orange Door allocates the services identified without undertaking a detailed assessment.

Information sharing

Child protection practitioners may seek information from The Orange Door – for example, during the process of investigation or when preparing a case plan. This is likely to include any history or record of previous or current service responses provided and identifying what services are available and could be provided to a family. This may be necessary as part of preparing evidence for court. In these instances, The Orange Door practitioners seek the advice of their team leader.

Case coordination

The Orange Door practitioners and child protection practitioners collaborate and coordinate actions in relation to families where:

- referrals are received by both The Orange Door and Child Protection simultaneously (for example, L17 referrals following a family violence incident)
- case planning identifies a need for supports for a family accessed through The Orange Door (for example, family violence services, perpetrator services and family services).

This collaboration is needed to:

- identify when and how best to contact and engage a family
- utilise joint visits and appointments to help with developing positive working relationships with families

- share information and analysis to guide assessment and decision making (for example, through participating in case conferences or care team meetings)
- reduce the need for duplication or repeated contact with families.

Where Child Protection has developed a case plan for a child, they maintain responsibility for leading and managing its implementation.

Interface with the court system

To be read in conjunction with the [interim service interface document between The Orange Door and the Magistrates' Court of Victoria](#).

Summary

Courts can be a place where women, children and young people experiencing family violence, or perpetrators, connect with services for the first time. For example, a woman could initiate an application for an intervention order, or a perpetrator could be brought before a court charged with a criminal offence, without having been in contact with any other services. Victims of family violence frequently state that they find court processes traumatic and confusing.

The Orange Door provides critical support for victims to access the range of legal protections and assistance more seamlessly and quickly (for example, family violence intervention orders, access to the Victims of Crime Assistance Tribunal, and tenancy matters).

Courts are also an important accountability and engagement point for perpetrators because of the authority and consequences experienced at court.

Children and families who are not experiencing family violence but require assistance due to complex issues impacting on parenting may also be engaged with court processes.

What this looks like

Making access to justice easier and safer

The Orange Door works with courts and court support services to arrange supports for women, children and young people experiencing family violence, and families in need of support with the care and development of children and young people who are in contact with the court system as well as perpetrators (see below).

Courts can refer people to The Orange Door before their first court date or at any other time in their court journey.

The Orange Door undertakes risk and needs assessment, and coordinates connections to services, including legal services.

Planning for the future

The Orange Door is piloting the use of video conferencing facilities to allow victim survivors to give evidence in court proceedings from a location other than a court room. The Remote Hearing Pilot (Pilot) aims to increase victim survivors choice as to how they participate in the court process, improve safety and minimise the trauma of face-to-face interactions with the respondent and/or the respondent's friends or family. The Pilot will inform the feasibility for wider rollout. Video conferencing facilities can also enable clients to connect with external services, particularly in rural, regional and remote communities.

Courts and perpetrator accountability

The Orange Door provides a voluntary intake pathway for perpetrators and complements work that takes place through court and corrections-based referrals and mandatory interventions. The Orange Door works with courts and other services to minimise the transition points between services and agencies that often form opportunities for perpetrators to disengage from the system.

Courts can be an outreach point for The Orange Door practitioners to engage with perpetrators in person.

Information sharing

The effectiveness of the working relationship between The Orange Door and Courts is underpinned by dynamic information sharing. This supports the safety of women, children and young people, perpetrator accountability, and risk assessment and management. For example, The Orange Door provides the court with information about the perpetrator to inform safety planning for court appearances (in accordance with information sharing and other laws).

Court staff may have critical information and observations (for example, the perpetrator's behaviour in court) that is shared with The Orange Door to inform risk assessment and risk management.

The Orange Door (and other relevant services) are able to access information about the outcomes of court proceedings (such as whether a perpetrator has been remanded, sentenced or released) to inform risk assessment and management. This sharing of information is supported by the CIP but can also take place through direct relationships and requests between The Orange Door and Courts.

Family Violence Contact Centre

The Family Violence Contact Centre within The Magistrates' Court of Victoria will help to modernise service delivery at courts (for example, telephone and online channels to provide immediate assistance for family violence victims such as information about the court process and initiating matters). This contact centre is particularly important for improving access to those in rural, regional and remote communities. The contact centre will support the roll out of online applications for intervention orders to provide greater choice and safe options for victims about how they initiate proceedings. The centre will prioritise family violence matters, create links to further supports (including through The Orange Door) and function as the point of contact for other agencies to obtain and share information with courts. There are critical links between this new centre and the way The Orange Door assists and provides information to clients. This will be a focus of future work to ensure these are integrated and focused on promoting the safety and choices of people experiencing family violence.

Coordination

The Orange Door coordinates with court staff when undertaking risk and needs assessments, planning and the coordination of supports and services when there are common or related clients. For example:

- if there are applicant and respondent practitioners at a court, they can work with The Orange Door practitioner to prioritise the daily court list and determine who is seen by court staff and who is contacted by The Orange Door.
- if a respondent practitioner at court has an opportunity to engage a perpetrator, and The Orange Door has already engaged with the victim-survivor, practitioners are able to liaise to inform risk assessment to manage and coordinate supports and interventions.
- if a court practitioner is a case manager for a perpetrator accused of a criminal offence on the Court Integrated Services Program, and The Orange Door is working with other family members, practitioners are able to inform the risk assessment and manage and coordinate supports and interventions.

In the future

Outposted practitioners from The Orange Door could be available at the headquarter courts of the Magistrates' Court of Victoria (including the specialist family violence courts as they are rolled out) to work with services at courts and connect with people attending court who may require access to services through The Orange Door.

The Orange Door will also establish working relationships with the other jurisdictions, in particular the Children's Court, Koori Court and the federal courts, within the family law system.

Interface with Victoria Police

To be read in conjunction with the [interim service interface document between The Orange Door and Victoria Police](#).

Summary

The Orange Door receives police referrals for people experiencing family violence, and families in need of support with the care, wellbeing and development of children and young people and perpetrators of family violence. The Orange Door provides a trusted and reliable response to referrals from police and builds confidence in community-based responses.

The Orange Door builds on the strong networks and relationships that exist between the police and family services, family violence services and perpetrator/men's services to further enhance skills and capability across the system, with police bringing expertise in community safety and criminal accountability, and practitioners within The Orange Door bringing expertise in risk and needs assessment and risk management. Information provided by the CIP supports this work.

What this looks like within The Orange Door

The Orange Door receives L17 referrals

The Orange Door receives almost all family violence referrals from police (except for male victims, reports to Child Protection and for Aboriginal people where Koori Family Violence Police Protocols have been put in place to send these to a local Aboriginal service) and referrals for children and families in need of support (which may or may not be related to family violence). Statewide services continue to operate as L17 referral points after hours, and the VSA continues to be the statewide L17 contact point for male victims of family violence.

Referral pathways vary slightly depending on who is being referred, as discussed below.

Referrals for victims of family violence

The Orange Door receives all police L17 referrals for female victim-survivors of family violence needing support. Referrals made outside of The Orange Door operating hours (overnight or over the weekend) are addressed by The Orange Door the following day. Where immediate assistance (for crisis accommodation) is required, police can contact The Orange Door during operating hours or the statewide service (including on weekends and public holidays).

Perpetrators of family violence

The Orange Door receives police L17 referrals for perpetrators of family violence. Referrals made outside The Orange Door operating hours are addressed by The Orange Door the following business day. From Friday evening through to Sunday, police L17 referrals go to the statewide service for telephone information, brief assessment and referral. The Orange Door and the relevant statewide services have processes in place to ensure there is adequate information sharing and handover.

The Orange Door works with police to ensure there are coordinated and well-targeted responses to prevent the escalation of risk to women and children, ensure that perpetrators are kept in view and reduce recidivism of family violence.

At a minimum, The Orange Door works with police to:

- establish information feedback loops to ensure that when police make a referral, they know if and how The Orange Door or a service has responded to it
- share information to ensure The Orange Door's risk management and safety plans are based on accurate and up-to-date police information
- Engage in risk assessment and management informed by information contained within L17 referrals
- undertake joint risk management and case coordination for high-risk or recidivist cases.

Children, young people and families in need of support

Police members make an independent assessment of risk to any child or young person who is present or who has been affected by an incident of family violence. This is consistent with the emphasis on recognising children as victim survivors in their own right and engaging in family violence risk assessment of children under MARAM.

If police believe that a child or young person is in need of protection due to actual or likely sexual or physical abuse, or concerns of harm or neglect, they must report these concerns to Child Protection. Where a report is not made to Child Protection but there are still concerns for the wellbeing of a child or young person, a referral is made to The Orange Door for further assessment and support. If required, The Orange Door intake workers consult with the senior child protection practitioner⁵ to determine the need for Child Protection involvement.

Aboriginal and Torres Strait Islander people

The Orange Door supports Aboriginal self-determination, ensuring that Aboriginal communities are active participants in decision making and choose where and how they receive services.

The *Koori family violence police protocols* that provide guidance to local police in responding to Aboriginal family violence are effective and continue to be used by police.

Many Aboriginal services offer specialised culturally appropriate responses to victims of family violence and vulnerable families and children. In Mildura, L17 police referrals are made directly to an Aboriginal service. Some Aboriginal services may want to work towards a similar arrangement. Community preference and capacity for Aboriginal services to provide tailored access points to The Orange Door and receive police referrals is determined locally.

Aboriginal people who are referred to The Orange Door are offered the option to work with a dedicated Aboriginal worker from The Orange Door and/or an Aboriginal service.

The Orange Door's feedback to police

The Orange Door establishes feedback loops to and from police family violence units so that police are aware of actions taken by The Orange Door on L17 referrals. Practitioners within The Orange Door provide the information about the outcome of the referral, identifying:

- if contact has been established
- the presence of MARAM high risk factors identified from family violence risk assessment
- whether the client has been provided with a brief intervention or another service from The Orange Door
- whether the client has been referred to an external service

⁵ Previously described as 'community-based child protection practitioners'

- information about the external service that has received the referral.

Feedback to police regarding L17 referrals outcomes are directed to them through the L17 portal. Practitioners within The Orange Door have access to the L17 portal to view, track and redirect referrals, update client information and share information with other services, if necessary.

Relevant information pertaining to an L17 referral (the outcome of the referral and any additional information) is recorded by practitioners within The Orange Door in the CRM which is integrated with the L17 portal to ensure police family violence teams have up-to-date information about a service response or action taken as a result of the referral.

Additionally, under the *Family Violence Protection Amendment (Information Sharing) Act 2017*, practitioners within The Orange Door must disclose information about clients to police where it is requested to help identify and manage risks for victims of family violence.

Police updates to The Orange Door

The Orange Door has access to historical L17 reports to obtain information about a perpetrator to assist with risk assessment and management.

The Orange Door also has access to the CIP to request critical information about perpetrators from Victoria Police, courts, corrections and DHHS Child Protection. Upon receiving an L17 or other referrals including self-referrals, The Orange Door is able to make a request to the CIP for information about the perpetrator or alleged perpetrator. The CIP consolidates relevant information from each agency's database into one report that is then provided to The Orange Door. This makes it easier for workers to assess the risk perpetrators pose to women and children and provide timely support.

Practitioners within The Orange Door update risk management and safety plans when relevant information is discovered by police (for example, if the plan was based on a perpetrator being remanded but he has recently been released on bail).

Joint risk management and coordination

Police expertise and experience in assessing and addressing the risk posed by perpetrators provides essential input into the work of The Orange Door for specific cases. Where police assess as necessary, practitioners within The Orange Door liaise with police to inform ongoing risk assessment and case coordination, consistent with MARAM Framework responsibilities 9 & 10. This builds on existing coordination between police and specialist services.

Police and The Orange Door undertake joint risk management on cases that are agreed by both parties as requiring a coordinated and targeted approach. This includes high-risk or complex cases, particularly where a perpetrator is a recidivist offender. In these circumstances, police and practitioners within The Orange Door might participate in discussions or case conferencing to determine the safest and most appropriate response that prevents escalation of risk. This could occur via telephone, videoconference and/or face-to-face meetings between police and practitioners within The Orange Door. Through this approach, additional risks and issues are assessed, additional or new information is shared and response planning is collaborative and more targeted.

Where practitioners within The Orange Door are unable or it is unsafe to make contact with affected family members, practitioners in The Orange Door may request police assistance to undertake joint visits or to conduct face-to-face assertive outreach to encourage uptake into support services. Joint visits provide an opportunity to reduce police callouts and proactively engage affected family members who are hard to reach and need support. Further, they provide a safe approach to support women experiencing family violence where the perpetrator remains in the home.

The Orange Door supports clients in reporting family violence to police

In the course of their engagement with clients, practitioners within The Orange Door may become aware of unreported incidents of family violence or may come in contact with someone who is at immediate risk of violence or further violence. This may include circumstances where:

- a woman presents at The Orange Door and discloses family violence or a risk assessment indicates they are in need of immediate support
- a woman is at risk of violence and unable to leave the location safely without police assistance
- a perpetrator poses a risk or makes a threat against their partner, children or others
- there has been a breach of the conditions of an intervention order.

Practitioners within The Orange Door encourage and assist victims (or potential victims) to make decisions about reporting incidents of violence and breaches of intervention orders to police. Practitioners provide victims with a safety plan and targeted information, advice and support relevant to their situation. A safety plan assists victims to identify and recognise their safety needs and may encourage them to report incidents to police for their safety.

If appropriate, practitioners within The Orange Door report an incident to police on behalf of victims. However, reporting is to be centred on support rather than mandatory reporting. In the instance where The Orange Door practitioner wishes to make a report to police on behalf of a victim, consent should be obtained from the victim first unless there is a high risk of harm. This is critical to ensure that victims exercise their agency and to establish client–provider trust.

Where a perpetrator poses a risk or makes a threat against a person, Practitioners within The Orange Door should contact the person to inform them of their concerns for their safety. Practitioners then should consider the need to report any matters of concern to police in consultation with the affected person.

Where there is risk to a child, practitioners within The Orange Door may also need to consult with the senior child protection practitioner within The Orange Door to discuss the appropriate course of action, including by engaging in family violence risk assessment and management of children. If there is reasonable grounds to believe that a child is in immediate danger, practitioners within The Orange Door should call the police emergency line on triple zero (000). Where practitioners within The Orange Door believe that a sexual offence has been committed by an adult against a child (aged under 16), they have an obligation to report that information to police.

In reporting family violence incidents to police, practitioners within The Orange Door should provide police with the following information:

- the victim's name and location
- the perpetrator's name and location
- a brief description of the incident
- if children are present
- known weapons/firearms
- drugs and alcohol and other issues.

Reporting other incidents

Practitioners within The Orange Door must respect the confidentiality of information obtained from clients in the course of their work. However, they must consider the need to keep clients, themselves and other workers safe from harm.

Police must be informed by calling triple zero (000) if a client reveals they intend to commit a serious crime, particularly if reporting is the only way to prevent harm to an identifiable person or persons.

Practitioners within The Orange Door are to advise police by calling triple zero (000) of the threats made and the circumstances pertaining to the threat.

Interface with the Community Operations and Victims Support Agency (COVSA)

To be read in conjunction with the [interim service interface between The Orange Door and COVSA](#).

Summary

The VSA helps people in Victoria to manage the effects of violent crime including family violence. They operate the Victims of Crime Helpline, which provides information and advice and the Victims Assistance Program, which provides case management and supports people through the justice system.

The helpline receives police referrals in relation to male victims of family violence. The Orange Door and VSA work closely together.

The Orange Door and the VSA have developed protocols to support referrals, information sharing and, where appropriate, joint-agency risk assessment, needs assessment and planning, particularly for instances where the 'primary aggressor' is incorrectly identified.

What this looks like within The Orange Door

Referrals

Police referrals for adult male victims of family violence are directed through the L17 portal to the VSA. Associated referrals for the perpetrator of violence against an adult male and referrals for any children are directed through the L17 portal to The Orange Door. Through the reports, The Orange Door and VSA identify where an incident has resulted in referrals to both agencies. This supports workers at both The Orange Door and VSA to share relevant information and coordinate assessment and any actions arising from the referrals.

At times, male victims of family violence may directly contact The Orange Door for support, or are identified through the work of The Orange Door (for example, where family violence is perpetrated towards parents, caregivers or siblings). In these instances, The Orange Door offers the choice to be connected to the VSA for support. Where this is not the choice of the client, The Orange Door can seek advice and expertise from the VSA about working with male victims (secondary consultation) when continuing to work with the client.

Identifying the primary aggressor

Family violence involves one person exerting power and control over another and using behaviours recognised as family violence risk factors. The use by one person of a pattern of coercive and controlling behaviours over time is a key aspect of identifying the perpetrator. For example, that person would be identified as the 'predominant aggressor' in the relationship. Identifying who is the victim and who is the aggressor in a family violence incident is not a simple binary decision. For example, a victim of many incidents may defend herself or her children and be classified as a perpetrator in one incident, leading to misidentification of who is the perpetrator/predominant aggressor in the situation. The Orange Door and VSA share information and review individual incidents against the pattern of violence to help identify the primary aggressor. Where The Orange Door or VSA come to a different assessment than initially identified in an incident report, based on full or more up-to-date information, workers arrange for referrals to be exchanged as required, and initial risk assessments are updated as needed.

Practitioners within The Orange Door also ensure that, in relation to L17 referrals, an outcome is captured for each referral so that both The Orange Door and VSA coordinate activity, especially where they need to be transferred due to misidentification of the primary aggressor.

Sharing information, input into risk assessment and management

Where The Orange Door and the VSA are both involved with a family, they share information and coordinate actions as required to avoid duplication. This includes sharing perpetrator information to ensure that risk assessment and management is informed by a comprehensive view of the situation.

Support for victims of crime

Victims of violent crime have a range of needs that may include health, counselling and information about practical support and advocacy when interacting with police, courts and legal processes. The VSA coordinates a whole-of-government approach to services provided to victims of crime in Victoria. The Orange Door refers clients to these services via the helpline, which is the gateway to these services. Practitioners within The Orange Door should coordinate and communicate with the helpline to avoid duplicating services.

Target group

The Orange Door receives police referrals for female victims of family violence, perpetrators and children. The VSA receives police referrals for adult male victims of family violence. A person who identifies as a male victim is referred to the VSA and a person who identifies as a female victim is referred to The Orange Door.

Practice tools, frameworks and guidelines

The VSA and The Orange Door use the MARAM risk assessment tools, the L17 referral portal and provide opportunities for joint training or sharing of expertise to help identify victims and perpetrators.

Interface with sexual assault services, including multidisciplinary centres

To be read in conjunction with the interim interface between The Orange Door and multidisciplinary centres (MDCs) and sexual assault services (under development).

Summary

The Orange Door, sexual assault services and MDCs work closely to ensure that clients who have experienced sexual assault or family violence have clear entry points into the service system and receive timely and appropriate support.

The Orange Door works with sexual assault services, MDCs and family violence services to ensure that people who access these services receive a coordinated service response.

What this looks like within The Orange Door

Referral pathways

Sexual assault in the context of family violence

Some people accessing support through The Orange Door may also have experienced sexual assault. If it is identified that sexual assault has occurred, The Orange Door can refer the client to the local sexual assault service and/or MDC where they exist in that area. In the interests of connecting a client to specialist expertise as soon as possible, The Orange Door will try to make a warm referral as soon as possible. A referral will be made regardless of when The Orange Door identifies sexual assault (whether at initial contact/referral or during any assessment or service delivery).

Non-familial sexual assault

Where a victim has experienced sexual assault in a non-familial context, The Orange Door provides a warm referral to the relevant service for an immediate and appropriate response. This includes referrals to:

- sexual assault services (including CASAs and the Sexual Assault Crisis Line) for assessment, counselling and support
- police
- medical attention (for either emergency or forensic support).

These referrals may then be handled through these services based at an MDC in areas where these are established.

The Orange Door team recognises and supports the existing relationships and roles that services and professionals – including sexual assault support services – may already have with people accessing The Orange Door.

Sexual assault involving children

If sexual assault by an adult against a child under 16 years is identified or suspected, The Orange Door makes a report to police. In addition, The Orange Door practitioner may wish to consult with the senior child protection practitioner regarding the need to make a report to Child Protection.

Through the course of their work The Orange Door practitioners may identify that a victim of family violence or any other client may have experienced, or continues to experience, sexual assault. They support the client to access the appropriate services through warm referrals, which may include phoning the service on behalf of the person.

Where a sexual assault service identifies that a victim of sexual assault has also experienced family violence or where they identify a family in need of support, it may be appropriate to seek additional support that can be accessed from The Orange Door.

Coordinating shared cases

Where both The Orange Door and a sexual assault service or MDC are working with the same client or family, these services must work collaboratively to support the client. Arrangements are based on the preference and best interests of the client, and family members, where appropriate.

Secondary consultation and support may be sought from the local sexual assault service to inform The Orange Door's work and ensures that the person is provided with support that is informed by the specialist expertise and skills required. Given the expertise and skills required when working with victims of sexual assault, secondary consultation should not replace clients accessing specialist sexual assault services directly.

The Orange Door also works closely with sexual assault services or MDCs to share information for risk assessment and management purposes.

Supporting reports to police

In their engagement with clients The Orange Door practitioners may become aware of unreported incidents of violence and alleged crimes.

In close consultation with specialist sexual assault services, The Orange Door practitioners encourage and assist victims (or potential victims) to report incidents of sexual assault. However, reporting of sexual assault (in relation to adults) by The Orange Door practitioners is centred on support rather than mandatory reporting. In the instance where The Orange Door practitioner wishes to make a report to police on behalf of a victim, consent should be obtained from the victim first. This is critical to ensure that victims exercise their agency and to establish client–provider trust. In cases where the victim is a child or young person, consent is not required.

Appendix: Family violence outcomes framework

FAMILY VIOLENCE OUTCOMES FRAMEWORK

FAMILY VIOLENCE AND GENDER INEQUALITY ARE NOT TOLERATED

All Victorians experience respectful relationships underpinned by human rights and gender equality—healthy relationship behaviours are celebrated and promoted.

Victorians do not tolerate family violence—family violence reporting rates reflect increased confidence in the system and intolerance of family violence, and eventually reflect sustained effort in prevention.

Victorians hold beliefs and attitudes that reject gender inequality and family violence—people recognise and reject all forms of family violence and gender inequality, and know how to challenge it when they see it. Individuals and systems do not minimise or deny family violence or blame victims, and stigma and discrimination is addressed.

Women and men, and girls and boys are equal—gender inequalities where people live, work, learn and play are diminished.

VICTIM SURVIVORS, VULNERABLE CHILDREN AND FAMILIES, ARE SAFE AND SUPPORTED TO RECOVER AND THRIVE

Early intervention prevents escalation—people, including children and young people, at risk of witnessing or experiencing family violence are identified early and provided with effective early interventions.

Families are safe and strong—the system intervenes early to prevent harm to children and young people and enables families to access effective support services when they need them.

Victim survivors are safe—the system takes responsibility for managing risk, instead of placing the onus on victim survivors, including children and young people.

Victim survivors are heard and in control—victim survivors, including children and young people, are always listened to, believed and understood, and supported to take control of their immediate situation and make decisions about their future.

Victim survivors rebuild lives and thrive—disruption is minimised for victim survivors, including children and young people, with safe and secure housing, finances, employment, education and recovery from trauma available for as long as people need it.

PERPETRATORS ARE HELD TO ACCOUNT, ENGAGED AND CONNECTED

Early intervention prevents escalation—people, including children and young people, at risk of using family violence are identified early and provided with effective early interventions.

Perpetrators are accountable for their behaviour—people are supported to recognise factors contributing to their violent behaviours and provided with tools and strategies to act differently, preventing reoffending.

Perpetrators are held to account—perpetrators of family violence face timely and appropriate consequences.

Perpetrators are in view—perpetrators are engaged and connected to relevant agencies. Collaborative approaches and information sharing infrastructure support systemic responsibility for holding perpetrators to account.

PREVENTING AND RESPONDING TO FAMILY VIOLENCE IS SYSTEMIC AND ENDURING

Initiatives to respond to family violence are accessible and available in the right place at the right time. Prevention activities are coordinated and universal—the support system is easy to navigate and services are available to people when and where they need them, at all times of the day and night. Prevention activities occur across all key settings.

Initiatives to respond to family violence are person-centred—services are personalised, flexible, culturally relevant and reflect individual and family choices, need and circumstances, particularly for diverse communities and those with complex needs.

The system is united, integrated and joined-up—services work together and share information to provide a coordinated quality response to people and families, informed by dynamic risk assessment and sensitive to people's diverse needs. The system supports effective and evidence-based prevention efforts.

The workforce is properly recognised and effectively responds, understands risk and need and is skilled to prevent family violence—the workforce is supported through new career pathways, fair conditions and a commitment to enhanced wellbeing and safety, and is skilled to meet people's diverse needs.

Glossary Term	Definition
Aboriginal	In this document the term 'Aboriginal' is inclusive of all Aboriginal and Torres Strait Islander people living in Victoria.
Aboriginal self- determination	<p>Aboriginal self-determination means Aboriginal people making decisions about matters that affect their lives and communities. It means that Aboriginal Victorians need to be at the centre of decision making and be supported to make informed choices. For The Orange Door, this means Aboriginal people being able to determine (with all the information they need, and knowing and valuing who they are) what they want and how to go about getting it.</p> <p>The role of The Orange Door as an entry point to the service system is to facilitate that process. Aboriginal services and communities are part of the co-design process for The Orange Door, helping to ensure that all aspects of The Orange Door respect the needs of Aboriginal Victorians.</p>
Culturally and linguistically diverse (CALD)	Culturally diverse, and culturally and linguistically diverse (CALD), is used to reflect the diversity of the Victorian population that has resulted from migration. The Victorian Government is committed to delivering services that meet the diverse needs of people from multicultural communities, including people with refugee or asylum-seeking backgrounds.
Centres Against Sexual Assault (CASAs)	<p>There are 15 CASAs across Victoria. CASAs offer free, confidential 24-hour emergency or crisis care for victim-survivors of sexual assault. This includes crisis counselling support and access to medical care and legal services, as well as counselling support for adults who were abused in their childhood. The Victorian Sexual Assault Crisis Line provides the after-hours service.</p> <p>All CASAs have access to at least one Crisis Care Unit, which may be located in a multidisciplinary centre, hospital or a community-based agency.</p>
Central Information Point (CIP)	<p>The Central Information Point (CIP) is a new service operated by FSV that consolidates critical information about a perpetrator or alleged perpetrator of family violence into a single report for frontline workers to assist with family violence risk assessment and management.</p> <p>The consolidated information available in a CIP report is provided by a co-located team of data custodians from Victoria Police, the Magistrates' Court of Victoria, Corrections Victoria, and Department of Health and Human Services (DHHS) (Child Protection).</p>

Glossary Term	Definition
Child Wellbeing and Safety Act	The <i>Child Wellbeing and Safety Act 2005 (Vic)</i> outlines 'principles for children' to guide the development and provision of services for children. These include an expectation that service providers 'acknowledge and be respectful of the child's individual identity, circumstances and cultural identity and be responsive to the particular needs of the child'. The Act has a number of purposes including establishing the Victorian Children's Council, establishing the Children's Services Co-ordination Board, and providing for the Child Safety Commissioner. Victorian organisations that provide services to children are required under the Act to ensure that they implement compulsory child safe standards to protect children from harm.
Child FIRST	Child and Family Information Referral and Support Teams (Child FIRST) provide a central referral point to a range of community-based family services within subregional catchments. Child FIRST organisations have statutory obligations under the <i>Children, Youth and Families Act 2005 (Vic)</i> .
Children, Youth and Families Act	The <i>Children, Youth and Families Act 2005 (Vic)</i> guides the actions of community services and the state in the best interests of vulnerable children. The Act promotes: <ul style="list-style-type: none"> • children's 'best interests', driving all planning, decisions and service delivery • earlier intervention and prevention and greater targeting of secondary services to families most in need • improved planning, coordination and delivery of services to families by increasing the emphasis on partnership and collaboration across and within the service systems • a stronger focus on children's cultural identities and cultural competence in all service delivery • a commitment to maintaining Aboriginal children's cultural connectedness.
Early intervention	In this document, this refers to responding to the early warning signs of family violence, or families in need of support with the care, wellbeing and development of children and young people and intervening appropriately, with the aim of preventing harm, reducing reoccurrence or reducing longer term harm.
Emergency response	Response by emergency services – police, fire and ambulance - triple zero (000).

Glossary Term	Definition
<p>Family Safety Victoria</p>	<p>Family Safety Victoria (FSV) is an Administrative Office attached to DHHS, with dedicated responsibility for delivering key family violence reforms including The Orange Door. It ensures continued focus on delivering these reforms separate from the day-to-day service delivery operations of DHHS.</p> <p>The key family violence reforms the FSV is responsible for include:</p> <ul style="list-style-type: none"> • leading the establishment of The Orange Door • facilitating the coordination of family violence information-sharing reforms • establishing and operating the Central Information Point • leading the redevelopment of the risk management framework • delivering the 10-year industry plan for family violence prevention and response • continuing systemic reform to improve the way that government responds to family violence.
<p>Family services</p>	<p>Family services promote the safety, stability and development of vulnerable children, young people and their families, with a focus on building capacity and resilience for children, families and communities.</p> <p>Family services target vulnerable children, young people and their families who are:</p> <ul style="list-style-type: none"> • likely to experience greater challenges – as the child/young person’s development has been affected by the experience of risk factors and/or cumulative harm, and/or • at risk of concerns escalating and becoming involved with Child Protection – if problems are not addressed. <p>Family services include family support, family preservation and family reunification services.</p>

Glossary Term	Definition
Family Violence Protection Act	<p><i>The Family Violence Protection Act 2008</i> (Vic) has three primary purposes:</p> <ul style="list-style-type: none"> • to maximise safety for children and adults who have experienced family violence • to prevent and reduce family violence to the greatest extent possible • to promote the accountability of perpetrators of family violence for their actions. <p>The Act defines ‘family violence’ as behaviour that is physically or sexually abusive, emotionally or psychologically abusive, threatening or coercive, or in any other way controls or dominates the family member and causes that family member to fear for his or her safety or wellbeing or for the safety or wellbeing of another person.</p> <p>The Act also defines ‘family member’ to include: a current or former spouse or domestic partner; a person who has, or has had, an intimate personal relationship with the relevant person; a current or former relative; a child who normally lives or has lived with the relevant person; and a child of a person who has, or has had, an intimate personal relationship with the perpetrator of violence.</p>
Foundational model	<p>The Orange Door represents a transformational change to the family violence and family services system. Given the scope and scale of reform, the implementation of The Orange Door is being phased over time. The term ‘foundational model’ refers to The Orange Door service model implemented from day one in the first five areas.</p>
Hub design principles	<p>The 11 Hub design principles set out in the Victorian Government’s <i>Ending family violence: Victoria’s plan for change</i> (2016).</p>
The Orange Door team	<p>The Orange Door team is the workforce delivering the functions of The Orange Door – recognising that a collaborative team approach is needed to deliver The Orange Door functions. Performing these functions draws on the skills and expertise held across the team (not just those held by an individual worker).</p>
Intersectionality⁶	<p>Refers to the structural inequality and discrimination experienced by different individuals and communities, and the impact of these creating barriers to service access and further marginalisation. Intersectionality is the complex, cumulative way in which the effects of multiple forms of identity-based structural inequality and discrimination (such as racism, sexism, ableism and classism) combine, overlap or intersect, in the experiences of individuals or communities.⁶ These aspects of identity can include gender, ethnicity and cultural background, language, socio-economic status, disability, sexual orientation, gender identity, religion, age, geographic location or visa status.</p>
L17 (form)	<p>The form used to make police family violence referrals.</p>

⁶ Adapted from Merriam-Webster dictionary definition of intersectionality.

Glossary Term	Definition
Lesbian, gay, bisexual, trans and gender diverse, and/or intersex (LGBTI)	<p>This initialism represents people who are lesbian, gay, bisexual, trans and gender diverse, and/or intersex. The Victorian Government recognises that these parts of our community have traditionally been aligned because of shared or similar experiences of discrimination relating to sexuality, gender identity and physical sex characteristics. However, these identities and characteristics are fundamentally different from each other. People in these communities should not be treated as though they form a homogenous group who all have the same experiences or needs.</p>
Local area	<p>The Orange Door is established for a particular geographical area based on the current administrative areas for DHHS. These areas form the 'catchment' that The Orange Door predominantly services – that is, the communities and geographical areas The Orange Door supports and the basis on which The Orange Door access network is organised and coordinated.</p>
Local governance	<p>The governance structure in each local area.</p>
Mandatory reporters	<p>The <i>Children, Youth and Families Act 2005</i> (CYFA) and the <i>Family Law Act 2005</i> (FLA) require certain professionals to report child abuse to child protection.</p> <p>Under the CYFA (s. 182), doctors, nurses, midwives, teachers (including early childhood teachers) and principals, and police are mandatory reporters. These are the only groups currently mandated under the CYFA. Although the CYFA makes provision for a number of other professional groups to be mandated, to date, no others have been gazetted.</p> <p>Under the CYFA, mandated reporters must make a report to child protection if they form a belief on reasonable grounds that a child is in need of protection from physical injury or sexual abuse. To form a belief, the reporter must be aware of matters and hold any opinions in relation to those matters that lead them to reasonably believe a child is in need of protection (s. 186).</p> <p>Under the FLA (s. 67ZA), the Registrar or Deputy Registrar of the Family Court of Australia or the Family Court of Western Australia, a Registrar of the Federal Circuit Court, family consultants, family counsellors, family dispute resolution practitioners or arbitrators, and independent children's lawyers are mandatory reporters. Under the FLA, mandated reporters must make a report to child protection if they suspect on reasonable grounds that a child has been abused or is at risk of being abused.</p>

Glossary Term	Definition
MARAM Framework	<p>The Family Violence Multi-Agency Risk Assessment and Management Framework – the redeveloped common risk assessment framework or ‘CRAF’.</p> <p>The aim of the MARAM Framework is to increase the safety and wellbeing of Victorians by ensuring all relevant services have a shared responsibility for the identification, assessment and management of family violence risk. The Framework has been established in law under Part 11 of the <i>Family Violence Protection Act 2008</i>.</p> <p>This requires organisations that are prescribed through regulations, as well as organisations providing funded services relevant to family violence risk assessment and management, to align their policies, procedures, practice guidance and tools to the MARAM Framework.</p>
Multidisciplinary centres	<p>Multidisciplinary centres (MDCs) collocate police, child protection practitioners and sexual assault counselling services on one site to provide integrated support for adults and children who have experienced sexual assault. Some MDCs include family violence services.</p> <p>There are currently seven MDCs operating across Victoria – in Mildura, Seaford, Geelong, Dandenong, Bendigo, Morwell and Werribee.</p>
Perpetrator	<p>This is the term used in state and national policy to describe people who use violence. The aim in using this term is to ensure safety and accountability and to end the individual’s use of violence. This term is not limited to people who have been accused or convicted of criminal offences.</p> <p>This term is not meant to define the perpetrator for life; the aim is to end the individual’s use of violence. The term can include women who are primary aggressors, but for the purposes of this document, gendered language is used (referring to a perpetrator as ‘he’ or ‘him’), recognising that most perpetrators of family violence are men. It is noted that practitioners use other terms that are personally or organisationally more appropriate; for example, ‘men who use violence’ is used by some services that work with men.</p>

Glossary Term	Definition
Perpetrator accountability	<p>The concept of perpetrator accountability is broad and includes:</p> <ul style="list-style-type: none"> • understanding and responding to the needs and experiences of victims and their views about the outcomes they are seeking to achieve • prioritising women and children’s safety through effective and ongoing risk assessment and management mechanisms • promoting perpetrators taking responsibility for their actions, including the impact on their children • providing a suite of options to help perpetrators gain insight and awareness of their actions, and to change their behaviour, with such options tailored to the risk profile of the perpetrator • having a strong set of laws, legal and justice processes that incorporate clear consequences for abusive and violent behaviour and failure to comply with court orders and sanctions • fostering collective responsibility and mutually reinforcing action among government and non-government agencies, the community and individuals for denouncing perpetrators’ use of violence.
Perpetrator interventions	<p>This incorporates a broad range of responses for perpetrators, whether ordered by a court or other programs, that provide opportunities for perpetrators to be accountable for changing their own behaviour, such as men’s behaviour change programs.</p>
Practice Guidance (MARAM)	<p>The MARAM Practice Guidance includes a Foundation Knowledge Guide and a Responsibilities for Practice Guide.</p> <p>The Foundation Knowledge guide outlines key elements of the MARAM Framework, the service system, the evidence-based family violence risk factors that underpin all levels of risk assessment practice, and presentations of risk across different age groups and Aboriginal and diverse communities. The Foundational Knowledge Guide is required reading for all professionals across leadership and governance, management and supervision to direct practice roles.</p> <p>The Responsibilities for Practice Guides 1-10 reflect each of the ten responsibilities set out in the MARAM Framework. These guides build on Foundational Knowledge to provide practice guidance from safe engagement, identification of risk, through to levels of risk assessment and management, secondary consultation and referral, information sharing, and multi-agency and coordinated practice. The practice guides also inform how the MARAM risk assessment tools are used.</p> <p>Practice guides and assessment tools dealing with responsibilities for perpetrator behaviour and risk assessment will be added to the MARAM tools and practice guides.</p>
Risk assessment and management panels	<p>Risk assessment and management panels (RAMPs) bring together key agencies at the local level to contribute to the safety of women and children experiencing ‘serious and imminent threat’ from family violence. RAMPs share information to support comprehensive risk assessment and to develop and implement coordinated multiagency plans to lessen or prevent the risk to women and children and to increase perpetrator accountability.</p>

Glossary Term	Definition
The Hub: statewide concept	Released in July 2017, this is the point-in-time document that sets out the intent, scope, key functions and roles of the Hubs.
The Hubs	The Hubs were recommended by the Royal Commission into Family Violence to provide consolidated and comprehensive intake and risk and needs assessment, and safety planning for women and children experiencing family violence, perpetrators and children and families in need of support with the care, wellbeing and development of children and young people (Recommendation 37). The Victorian Government has agreed to establish Hubs across Victoria. The Hubs are branded and known as The Orange Door.
Universal services	Services that support the vast majority of Victorians, such as hospitals, schools, general practitioners and maternal child health services.
Victim-survivor	This is the term used to describe people who have experienced family violence, including children. It is used because it is consistent with the naming of the Victorian Government's Victim Survivors' Advisory Council. For some people the term 'victim' is problematic because it can suggest that people who have experienced family violence are helpless or lack the capacity to make rational choices about how to respond to violence. This document recognises that experience of family violence should not define victim-survivors and their futures.